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ORIGINAL ARTICLES.

ON VASELINE.

BY ROBERT A. CHESEBROUGH.

A short time since my attention was called to a paper by Professor J. Biel, of St. Petersburg, which appeared in a Russian pharmaceutical journal, and which was subsequently reprinted in this country. In this paper Dr. Biel gives the result of his investigations and experiments with American *vaseline*, and the European varieties or imitations of that product as manufactured in Germany and Austria. In the first place he found that the American article remained altogether unchanged after being heated and then cooled, no matter how often the operation was repeated, while that of German manufacture invariably separated after heating. This difference, which Dr. Biel was unable to account for, is in fact, readily explained. Genuine *vaseline* is made by evaporating a certain quality of crude petroleum to a concentrated mass or jelly by dry heat, and then by repeated filtrations of this jelly through bone black. By this process is obtained an amorphous body, homogeneous in its structure, which is incapable of separation by heat at a degree less than that of volatilization; or of crystallization by cold. On the contrary, all the German, and I may add, all the English, imitations of *vaseline*, which have been examined by me, I have invariably found to contain paraffine oil and earth wax, or ozokerite, which are distinct bodies, and which, when combined, although they may present to an ordinary observer, an appearance similar to that of genuine *vaseline*, still form, in combination, a compound which is dissimilar in structure and application, and which should be easily distinguishable to an expert. A distinctive claim for *vaseline* is, that it is not a distillate and cannot be obtained from distilled oils, nor made from any hydrocarbons which are, or have been the products of distillation. Hence, it will be observed that *vaseline* cannot be obtained at all from oils distilled from coal, because such oils are necessarily distillates.

It is well known (on this side of the Atlantic, *at least*) that the distillation of crude petroleum produces a change of structure in the distilled products, and it is this change which results in the formation of paraffine wax. It is impossible to produce paraffine from crude petroleum by the application of any degree of cold and pressure; but by chilling and pressing the heavy distillate of crude petroleum, paraffine may be obtained in abundance. The fact is, that paraffine is the product of the still, and does not exist naturally in the crude oil any more than whisky exists in corn, or butter in milk. All three are manufactures, and result from chemical changes in the substances from which they are made. The English chemists, following the lead of Watts, still persist in viewing coal oil and crude petroleum as similar bodies, although the first is a distilled, and the latter an original substance. This error arises from the fact that Watts and his followers obtained their results

from oils made from coal, and naturally inferred that crude petroleum was its equivalent, because the distillates of that substance yielded equivalent results. Our American chemists follow their English brethren in classifying both as the "paraffine series," but it would seem to be desirable, that a nomenclature which leads to error should be reformed.

All heavy hydrocarbon oils distilled from coal or petroleum alike yield paraffine, the structure of which is crystalline, but the base which obtains in American crude petroleum has an amorphous and homogeneous structure in place of a crystalline one, and which (for want of another name) might be called the *vaseline* base. This substance is no better entitled to be said to belong to the "paraffine series" than corn might be said to belong to the "whisky series" simply because the latter was made from it. From the foregoing it will therefore be seen that genuine *vaseline* is not the same thing at all as the various imitations of it, which are produced and sold in England, Germany and Austria under various names. In view of these facts, the discussion by the British Pharmaceutical Association, as given in the London *Pharmaceutical Journal* of October 27, 1883, a copy of which is before me, shows a want of knowledge on this subject, concerning which there need be no mystery, and which is easy of attainment. This discussion arose from the reading of a paper by Mr. W. Wilmot, a London chemist, who had evidently given much time and experiment to the action of *vaseline* when used as an ointment, in comparison with other productions which he (Mr. Wilmot) judged to be its equivalents.

Without going into any extended criticism of this elaborate and valuable paper, it is sufficient to say that the results obtained are in some respects misleading and incomplete. 1st, Because it classes together the various bodies experimented upon, when, in fact, they are quite dissimilar. 2d, Because it fails to inform the Association of Chemists and the readers of that influential *Pharmaceutical Journal* of the composition and mode of manufacture of these bodies, and 3d, Because it discusses the substance itself solely from the standpoint of a vehicle or base, and without reference to its medical value as such. To the first objection this paper is an answer. To the second objection I am ready to give to a committee of the British Pharmaceutical Association such information as will lead to a full knowledge of the subject, and to provide them with *vaseline*, for experiment, which will defy change or rancidity under any of the conditions referred to in Mr. Wilmot's paper. The remarks of Messrs. Moss and Naylor represent more nearly the opinion of, and the results obtained by, the body of pharmacists of Great Britain. In this connection it may be important to note that genuine *vaseline* is not only a good vehicle, but that it is believed to be the best emollient known, and that it is harmless for internal use. On the contrary, I do not hesitate to assert that paraffine oil is an irritant instead of an emollient, and that for internal use it is highly dangerous. To expect, therefore, like results from substances so dissimilar is

irrational, and to compare them simply as vehicles, is altogether misleading. I may hereafter refer, in a future paper, to the tests by which genuine *vaseline* may be distinguished from its imitations, as it is desirable that, concerning this new base for ointments, the most perfect knowledge should prevail.

NEW FACTS IN GYNÆCOLOGY.

By P. J. McCourt, M.D., NEW YORK.

An article of mine, under the above heading, appeared in this journal for October, 1882. In compliance with the wishes of the editors, as well as numerous and urgent requests from other members of the profession, that I should write further upon the subject, the following details have been prepared as *addenda* to that article, which should be read as part of this one. The writing of the present paper has been delayed for some time, in order to note the results in the cases of uterine fibroids which were under treatment. These results are, it is hoped, such as to warrant me in now giving them to the profession.

I cannot withhold from my professional brethren the expression of deep gratitude for their kind acknowledgments of my contribution to the study of a difficult subject from nearly every State in the Union, as well as from England, France and Germany. This uniform commendation is all the more pleasing to me since I anticipated little else than severe criticism for my paper—the usual reward of those who pen new truths to refute old errors.

Every letter received has been duly honored, by at least a formal acknowledgment from my secretary; but to give the information required by each would necessitate the complete neglect of all else. And only a few chief subjects of inquiry, which, considering their source, could not be ignored with any degree of propriety, can receive attention here. A more careful reading of the article, and a more intimate acquaintance with medical science would have rendered many of the others unnecessary.

The preparation of the sponge for dressings is a comparatively easy task—not by any means the chief point of skill to acquire, as many appear to suppose. No general formulæ or process for that purpose would be of value, since these must vary widely with the variety and quality of the article employed, as well as with the amount of calcareous and other foreign matters contained in it. Sponges bleached by other methods are worthless for this purpose. They must be rendered *chemically clean*, else they may cause acute inflammation, or even produce pyemia—two cases of which, in unskilled hands, have already come to my knowledge.

Nor is the topical application of *sanguinaria* the principal feature of the treatment, for that drug will, at times, increase both the inflammatory and ulcerative tendencies; and to some patients it is intolerable. It was merely represented as being "one of the objects of my search," and the first to serve me in practice; but each of the drugs enumerated are of equal value in their respective places. As will be seen, on turning to any work on *Materia Medica*, its pathogenesis, like that of others employed, gives no hint of the uses to which I have applied it.

Three practitioners inform me (and a patient tells of a fourth) that they had employed common, unbleached sponge as a dressing in uterine diseases before my article appeared; but all concede that the results obtained by me did not follow their use.

Not a few ask, in substance (I quote the exact words of one), "What's the harm, anyhow, of mixing *nitric acid* and alcohol?" Merely an explosion; but it will be quite as violent as that of so much gunpowder.

"How do you treat?" and "How long does it take to cure the average case?" are leading questions. "The

average case" can scarcely be said to have an existence; but we may suppose one. Classify uterine diseases as we may, we shall find, according to my experience, at least eighty-five per cent. to present one or all of four leading morbid conditions: inflammation, congestion, malposition and ulceration. When these conditions are not very extensive, and in the absence of cachexia or well-marked diathesis, we may, for convenience, call such an "average case." With reference to its treatment, nothing can be profitably added to that so fully given, short of clinical instruction; and we are all aware how difficult it is to impart otherwise a knowledge of gynaecological operations. Assuming each of the four pathological conditions named to be present, we may, by skillful care, and under ordinarily favorable circumstances, discharge our patient completely cured in from two to four months; and she will generally avow much relief after the third treatment. Both progress and permanence of cure will, of course, be influenced by diet, habits, dress, marriage or family relationship, etc., into all of which, when occasion demands, we should make the closest inquiry. And while draining the system of its latent impurities, we should cut off the supply of those materials, as well as of all else that cannot nourish it. I refer more especially to swine flesh—that *quintessentia* of all that is loathsome and unclean, which, however savory, is saturated with filth, scrofulosis and parasites; to cheese, and other putrescent substances; to all fried food, grease, pepper, mustard, pickles, vinegar, etc. Each of these will either poison the blood, derange the stomach, or produce irritative fever; and to tolerate their use is an injustice to our patient. I give a case, of greater than average severity, which was radically cured, and remains so to the present time, in three months.

Sept. 6, 1880.—Miss E., aged 29, of sanguine temperament, tall, slim, and a perfect blonde, seeks relief for dysmenorrhea, which has been constant during the whole of her menstrual life—thirteen years. Pain supervenes two days in advance of the flow, which recurs every twenty-five days, continues a week, is bright red, and generally excessive. At first the pain is confined to the uterine region, and resembles that of enteralgia; it then becomes spasmodic and finally neuralgic; the latter extending to the ovaries, especially the left, and driving her almost frantic. The usual train of symptoms attends; but with these we are all familiar. During the past ten years she has been under almost constant treatment, exhausting the resources of many practitioners—the best and the worst, of all schools—but without perceptible benefit. Large doses of gin have at times relieved; but of late even that had to be abandoned for *morpheia*. On examination, the uterus is found to be extremely sensitive, prolapsed, and greatly enlarged, with cervical anteflexion; while the os is inflamed, of a dark purple color, and deeply ulcerated. The sound is passed with difficulty, but the intra-uterine thermometer will not enter beyond the os internum, at which point it registers 101°. As the lightest touch is torture, and the menses are due in six days, no attempt is made to reposit the uterus; but the medicated dressing is drawn carefully over the os, forward of the flexion, and will be renewed daily. Each one, upon removal, is found loaded with pus, of unbearable odor, and so corroded as to fall to pieces.

Sept. 18.—The catamenia appeared at the usual time, on the 13th, entirely free from pain, continued four days, and ceased yesterday—the blood being mostly dark, fetid and acrid. Ulceration and tenderness of the os no longer exist; the congested state of the uterus is much less, but the purulent discharge continues abundant, even in the absence of the dressings. The size of the latter is now increased, in order to elevate the organ, and hereafter will be applied three times a week. Several sponges come away at intervals black as coal, corroded by iron, *imparting its peculiar odor*, and changing a large basinful of clear water to inky blackness.

For two months the flow of pus continues in varying quantities, interrupted only by the catamenia, which return regularly on the twenty-eighth day, without pain, when the dressings come away clean, then cease to give up their medicine, and the lady is dismissed on December 2, 1880, free from flexion, hyperemia, malposition, or other perceptible bodily ailment.

The treatment may be continued, when necessary, with such precautions as will be obvious to every intelligent physician, during the first four months of pregnancy with perfect safety, and with quite as much benefit as would be derived in the absence of such condition. It has not failed me once, on such occasions, in overcoming the habitual tendency to abort.

The normal intra-uterine temperature ranges from 99.3° to 100°.

"What do you do for those intractable uterine flexions so often met with?" They are, as a rule, very easily corrected, when their cause and concomitants are removed. But, in my opinion, that cause is almost wholly ignored or overlooked by gynaecological authors. Our own Prof. Thomas, generally the most accurate of them all, and Prof. Courtey, of France, are the only ones known to me who even hint at such cause; and they but very obscurely. I have been able to trace those distortions, as others may, in a vast majority of instances, to vicious bodily positions; especially to that of sleeping with the knees bent upon the abdomen, in anteflexion; to sitting on the foot in latero-anteflexion; and to lying on the chest or otherwise while the legs are retracted, in retroflexion. But the second posture indicated may cause any of these curvatures. The two last named are comparatively rare, while the first is of frequent occurrence, and on the increase among young girls. Flexures demand no special remedial measures beyond judicious management of the attendant conditions, and frequent but moderate dilatation of the cervix.

Expressions of surprise, regret and resentment (but, to my surprise, none of contradiction) have been evoked by my showing that iron—that dear, constant pet of ours, almost universally prescribed in uterine diseases—is not assimilated by the organism; but, instead, acts as an irritant poison, and appears to be crowded away into remote parts, or encysted, where it can do the least harm. All this is very sad—for both the sin and the regret, with many others, are mine also—but I did not make the law, and only seek to explain it. That full and medium doses of the drug will produce immediate fever, is readily proved by the aid of a sensitive clinical thermometer; and that the metal is but slightly, if at all assimilable no longer rests upon my testimony alone, since others have quite recently discovered the fact, as I did over fifteen years ago. But iron is still a "fashionable remedy," and will maintain its position for some time to come, despite all testimony.

A report of cases, or other proof, is demanded to confirm the statement that morbid matters are separated from remote or other parts than the uterus and its appendages. The tenth paragraph of the former article, contains all that is yet deemed essential upon this point; when that is controverted, proof is at hand. I need not cite cases to confirm what each should be able to verify for himself.

General complaint is made that this mode of treatment is very troublesome and expensive. True, it is both—and I know of no means by which either may be lessened—but these considerations are frivolous in view of its achievements.

I am asked to be more explicit in "defining and proving," wherein our knowledge of uterine and cellular pathology is defective; what I can offer more than others have done to correct it, and to defend the position assumed by me. A more careful reading of the paper will show this to be unnecessary. As therein stated, or broadly implied, pathology teaches that pus does not and cannot exist either as a product or concomitant of

uterine diseases, except when terminating in abscess. I was the first to demonstrate that pus does exist as a constant element in a very large majority of those diseases; to point out the means of eliminating it; and to show that such elimination is an indispensable condition to cure. There is nothing to defend until these positions are contested—when that happens I shall be ready. But the attack will never come from any one having sufficient intelligence to repeat my experiments. A valued correspondent reminds me, however, that "the evidence of one man, whatever his attainments, is insufficient to establish a new principle in pathology, such as the presence of pus in areolar hyperplasia, etc." This I grant; and, therefore, will add the evidence of another—one of New Jersey's most successful practitioners, and family physician to one of my patients. His was the first, but not the only confirmation of this fact. The case was one of areolar hyperplasia, with uterine adhesion to the anterior wall of the rectum.

JERSEY CITY, October 19, 1882.

DEAR DOCTOR:

I have been much interested in you since reading your article in the MEDICAL TIMES. I have just made a microscopical examination of the discharge from one of your sponges used, and find pus corpuscles in abundance. I am coming to see you at earliest opportunity.

I am, respectfully,

E. W. PYLE, M.D.

Among all my correspondents, but a single one—a gynaecologist, of wide and worthy reputation—denies the accuracy of my statements. After lauding my work in language too strong to quote here; declaring my positions to be "impregnably fortified at nearly every point," and that his own experience confirms mine so far as he has yet followed me, he adds: "But in one particular, at least, you have either grossly exaggerated or wilfully misrepresented. Your system *has not cured*, and it *never will cure* a single case of prolapsed uterus." Exaggeration is an aid which I can afford to dispense with. But if I have erred in any respect, except in claiming too little—the only error yet apparent to me—I am quite as anxious to know it as others can possibly be; and only ask that the information be conveyed in terms of moderation and courtesy. While I decline to discuss a question of veracity with any man, the position assailed shall be duly "fortified" to the satisfaction of all, by those who may perform the task more gracefully than I can—some of my pupils, who, it may be assumed, are competent to judge in the premises. I give literally what each has given:

NEWARK, OHIO, December 10, 1883.

P. J. McCOURT, M.D., New York.

My Dear Friend:—I send, hastily, a report of such of my cases as will best serve your purpose. Before studying with you I could only *treat* uterine diseases—and that was an affliction. But now I *treat and cure* them—and that is a constant pleasure. We can, by your system, cure prolapsus as surely as a leucorrhœa, but not until all pus, iron, and other foul and foreign matters are carried away. This iron, above all, is still a wonder to me—even more than the removal of great volumes of pus and fibrous tumors. But all are grand results, which have never been approached in the history of medicine.

Yours truly,

D. H. GREGORY, M.D.

CASE I.—Mrs. L., aged 35, has been an invalid for fifteen years. She was my patient in 1880, and was then treated for aphonia and prolapsus, with but little benefit. In March, 1882, was recalled, that she might test the new system of treatment. On examination *per vaginam*, I find prolapse to second degree of descent, areolar hyperplasia, with deep ulceration of os. Her system is shattered from long suffering, prostration,

and blood poisoning. In July, 1882, her voice and health are restored, after removing from the os uteri one hundred sponge dressings, each charged with pus, or iron, and partially broken-down cells and tissues. The uterus is yet too large, but she discontinues treatment, thinking herself well. March, 1883, she contracted a very severe cold, which resulted in loss of voice again, and a return of uterine irritation. After another course of the same treatment, she is dismissed in perfect health, September, 1883.

II.—Mrs. H., aged 30, was last confined in December, 1877, from which time she has had a continual uterine hemorrhage. Her case has been regarded by all her medical attendants as a desperate one, and she is now in a deplorable condition. On examination, March, 1882, I find subinvolution of the uterus, complete prolapse, and an extensive laceration of the cervix. The flow of blood is stopped at once by the sponge dressing, and she gains steadily, in every respect, until September, when I discharge her well. There remains but the faintest cicatrix of the laceration, so perfect is the union. (This is the case from Dr. Gregory, alluded to in the eleventh paragraph of my former article.—McC.)

III.—Mrs. S., aged 74. Complete procidentia; for seventeen years the uterus has been swinging free between her thighs; its mucous membrane has changed to a harsh, dry skin; large ulcer on fundus of left side, owing, I think, to friction; general health bad. She has been treated by some of the first physicians of the West, with no benefit. Came under treatment February, 1883. Her health is now greatly improved, the uterus is restored to first degree of simple prolapse; can go about her work without support, feels very comfortable, and may be called strong and well, for a woman of her age.

IV.—Mrs. S., aged 38. Prolapse, with adhesion to rectum, and hypertrophy of cervix. Called January, 1883. The discharge of pus was great, and that of iron considerable. The adhesion let go in April, when the uterus was replaced, and retained by proper dressings. The cure was complete in October.

V.—Mrs. H., aged 25. Was called April, 1882. I find areolar hyperplasia, prolapse to second degree, and ulceration. A free discharge of pus, iron, and broken-down cells was followed by rapid improvement and perfect recovery in November, 1882.

VI.—Miss S., aged 17. Prolapse, fundus very large, cervix elongated, anteflexed. She is very fleshy; the menses are deficient, one napkin being sufficient; and a few days after the function has been followed by convulsions during the past four years. She came under treatment in March, 1883. A free discharge of pus ensued at once; most of her sponges broke down, and could not be used a second time. The menses are now very free, twelve napkins being necessary; convulsions have entirely ceased; she has lost fifty pounds, and is much stronger and better in every way. Still under treatment.

BRICK CHURCH, N. J., Dec. 1, 1883.

MY DEAR DOCTOR:

Not a day goes by but what I see the most magnificent results from your method of treating uterine diseases. You may put me down as indorsing your system in all cases of prolapse. I shall never cease to feel thankful that I received from you the private course of lectures and the clinical instruction which you so kindly gave me.

I remain,

Very sincerely yours,

ALFRED WALTON, M.D.

WILLIAMSPORT, PA., Dec. 8, 1883.

MY DEAR DOCTOR:

I can report cured by your method a case of prolapsus complicated with rupture of the perineum to near verge of anus, without any operation, and in spite of constant

hard work during the treatment. Two cases of retroversion, one of which had formerly resisted treatment for a long time, and a great variety of pessaries had been used. A case of retroversion with hypertrophied os, and a fibroid tumor on posterior surface as large as a hickory nut, under treatment now. The tumor has diminished in size, and the retroversion is reduced to prolapsus. Two weeks ago I received charge of two cases, one of which is retroversion and a tumor the size of a hazel nut within the os, with ulceration and great sensitiveness. To-day, the tumor has entirely disappeared, ulceration much improved, and but little tenderness remains. The other case, in connection with endometritis, had several warts upon the os, which are completely removed.

Fraternally yours,
J. F. GRIFFEN, M.D.

NEW YORK, Dec. 7, 1883.

MY DEAR DOCTOR:

I have treated by your method several cases of uterine displacements—retroversion, anteversion and prolapse—and find no difficulty in curing each and all of them. Had your correspondent "followed" you more carefully he would not have disputed this fact. The discharge of pus, often fetid, in most of the cases, is very great; and the black iron sponge is of frequent occurrence.

Fraternally yours,
A. BISHOP, M.D.

No. 20 West 35th Street.

The last query to which I can reply here is: "What other morbid conditions have you cured or benefited besides those named?" Vomiting of pregnancy has always been suppressed, often by a single dressing. Venous angiomi, polypi and irritable carunculae of the urethra; fissure and ulceration of the urethra, anus and rectum; thrombi and aphthae of the labia, as well as anesthesia and hyperesthesia of the vulva, have, as a rule, been cured or much relieved.

It will be noted that in the previous paper I expressly disclaimed for this system the ability to cure fibroid tumors of the uterus, while that of vaginismus and pruritus vulva was represented as being difficult and unsatisfactory. But increased experience appears to have overcome the obstacles, and each of these conditions now seems fairly tractable. Before that article was in print, a large myo-fibroid tumor within the uterus began to break down; two others have since been completely removed; a fourth may be said to be virtually cured; and a fifth is now in a state of rapid disintegration. Only one of these has ever been touched by an instrument of mine, and that touch consisted merely of ineffectual traction and torsion with the forceps. One had clearly undergone cystic degeneration, as much serum, with some pus and blood, were liberated. In the first case, the diagnosis of a true myofibroma was confirmed by the distinguished pathologist, W. Storm White, M.D., of this city, and the progress of the others has been watched with interest by A. Bishop, M.D., and Alfred Walton, M.D. I report the case by far most difficult of cure by this or other means, on account of the density, position and attachment of the tumors.

Mrs. G., aged 34, of bilious-lymphatic temperament and strumous habit, is sent to me by her family physician, who, until recently, has believed her pregnant. The usual tendency to loss of blood has not been present, except what she describes as "a mere show," at periods of from two to four months, while menstruation was suppressed during the intervals. The ordinary train of symptoms consequent upon an abortion five years ago has persisted up to the present time. Finding, by palpation and *ballottement*, an enlarged, abnormal and nodulated form of the uterus; by sound and catheter, atrophy of its anterior wall, with enlarged and deformed cavity; and by rectal touch, great thickness, with flexion of the posterior wall, but little doubt remained as to the cause.

The uterus being fully dilated and drawn down, I find a large, dense, nodulated tumor, adherent to the posterior wall near the fundus, by a short, thick neck, about one-fourth the diameter of the tumor, and expanding to a broad base, rendering pediculation impossible; while another small intramural fibroma can be distinctly traced, like the half of a very rough-coated apple, with its convex side presenting, nearly below it. Such conditions, of course, forbid all hope of removal by operation, except by ablation of the entire uterus—a proposition to which she will not listen. With full knowledge of her condition, and without encouragement of favorable result, she is placed under treatment; the medicated dressings are renewed daily, and the cervix uteri is maintained in a state of continuous dilatation. During four months' constant care, the only changes observable are partial restoration of the catamenia, some little improvement in the general health, progressive softening and *expansion* of the larger fibroma, while the smaller one also becomes soft, but *contracted*. The uterus is now so sensitive (which quality was formerly absent in a marked degree), as to render further examinations unbearable. Slight, irregular haemorrhages follow, but in this blood the microscope reveals no trace of neoplasm. Suddenly, just at the close of a menstrual *nius*, a mass of the fibroid, the size of a large orange, is expelled without haemorrhage, but with strong uterine contractions. Several microscopical "mounts," from different parts of the mass, which is soft and spongy, show it to be almost identical in structure throughout, and composed chiefly of bundles of *large, smooth* muscular fibres, fibro-plastic elements and amorphous, finely-granulated matter—the first largely preponderating. Other fragments, of various sizes, but of the same structure and composition, follow in rapid succession, once or twice a week, for ten weeks, and then cease to appear. During this latter period the uterus has steadily contracted, the general health has rapidly improved, and she feels and acts like a new being. A walk of forty blocks (two miles) and return occasions less fatigue than did the ascent of her own stairs ten weeks ago. Dreading serious haemorrhage, which ensued in another case, I refrain from again dilating the uterus to explore its interior; but as, at the end of another month, the dressings come away clean, and no longer part with their medicine, the organ is once more fully opened. The only trace to be found of either tumor is a slight but well-defined depression, with a somewhat uneven floor, in place of the larger one. Whether the interstitial fibroma has broken down or been absorbed, I am unable to decide; but the latter hypothesis is favored by the equal smoothness of its site with that of other parts of the uterine wall, coupled with the fact of its former shrinkage. The cavity of the uterus is normal, and no signs of distortion or disease remain. A few more dressings are applied to contract the cervical and vaginal canals, and Mrs. G. is discharged cured, after eight months' treatment.

My future investigations will be directed chiefly to the study and test of drugs which, applied in accordance with this method, may serve us in the treatment of uterine cancer; and in this research I earnestly ask the aid of my professional brethren.

No. 233 West 23d Street,
December 15, 1883.

PHYSICAL RESULTS CORRESPONDING TO DIFFERENT RATES OF TRANSMITTED MOTION.

BY GEO. H. TAYLOR, M.D., NEW YORK.

The sensations of the invalid immediately respond differently to different rates of motion transmitted to his body, at whatever point it be received. He soon learns to dictate the rates of motion congenial to his sensations. There can be no doubt but these differences

of feeling have a foundation in corresponding differences in the transformation of the energy received by the tissues, and therefore may have important therapeutic value in the adjustment of the remedy to different cases. It is probable that these effects are susceptible of scientific explanation.

The waves of transmitted motion, as they exist in the fleshy parts receiving them, may be considered as consisting of two periods: One of these, for distinction, may be called the period of translation: when fibres, membranes and molecules glide upon each other, with some degree of adhesion, promoted by pressure. This period is quite similar, in quality and rate of motion, whether the waves be long or short. The pistons of different engines, under the same steam pressure, travel at the same speed, whatever be the length of stroke, although presenting to the eye quite dissimilar appearances.

The physical consequence of this period of the motion is probably identical with that of continuous linear or circular motion with surface contact—well illustrated in the heating of journal-boxes of machinery, and similar situations; or as when the hand is drawn rapidly, with pressure, over a slightly adhering surface. The expended force appears in the form of heat. In organic parts, owing to their mechanical texture and composition, this tendency to transformation of motion to heat is most emphatic. The local heat is rapidly diffused by the circulation, and otherwise.

The other period is at the end of the stroke, when the direction of the motion is reversed. From its analogy to the sudden arrest of motion and momentum by impingement against an immovable obstacle, this may be called the period of concussion.

At this point a large addition is made to the energy of motion; it is suddenly multiplied into the force which urged the motion. This probably many times reinforced energy, is at once liberated at the point of cessation of momentum, that is, of motion and force. It becomes, in part at least, energy of other forms, for no portion is lost. It is largely resolved into chemical energy.

Analogy justifies this conclusion by the palpable fact of a coincident increase of chemical energy. It is well known that inorganic chemistry furnishes a large number of examples of the violent disruption of chemical combinations by percussion. The laboratory supplies illustrations, from the shaking of the test-tube, after adding the reagent, to the explosion of a fulminate. In these instances the energy suddenly supplied changes the chemical relations of the elemental factors of the compound; and if the pre-existing bond of affinity was weak and unstable, new arrangements of atoms, or even mutual repulsion, may be the consequence.

It is, therefore, reasonable that the solution of the consequences of forcible contact in the fluids of the body of matters unemployed and unprotected by vitality—that is, ingredients outside the vital cells—should be chemical; and that combinations of less complexity, and containing a larger proportion of oxygen, would result. The change of energy from the form of momentum to the chemical form, no more requires explosion for its evidence than the corresponding fact of oxidation requires light and sensible heat for its evidence. The organism supplies peculiar conditions for graduating all physical processes. That *completed* products of chemical change are in fact superinduced at the concussive period of any reciprocating application may be satisfactorily shown. As conclusive evidence on this point will be presented in another connection, it is omitted here.

The analysis of transmitted motion into its factors, and the discrimination of the separate, distinct effects of these, is of direct consequence for estimating the influence of different rates of rhythm, or length of motion waves transmitted.

We may presume that the heat evolved must pretty closely correspond with the rectilinear extent of the motion and the accompanying pressure, whatever the length of the waves. On the other hand, the chemical products are in the proportion to the number of changes of direction into which this imaginary direct line of motion is broken up, for every concussion which accompanies each change of direction throws off energy in the chemical form, doubtless increasing the oxidation and other chemical changes to which all constituents of the organism are by nature destined, and the promotion of which all actually curative processes must include.

But the evidences derived from chemical analogies and chemical facts are by no means the conclusion of the array available. Those ordinarily satisfactory are abundant. These are clinical tests. The peculiarity of this class of evidence of chemical effects consists in removing obstinate local and general manifestations of disease, for which the most potent chemical remedies are commonly employed with far less conclusive success. This effect of rapid wave or vibratory motion shows that profound chemical changes are superinduced by the means used; which in this case can only be liberation of chemical energy in contact with material having unstable equilibrium—the non-vital suboxides.

RHYTHMIC MOTIONS NATURAL AND INDISPENSABLE.

The supply to the invalid of wave-like or rhythmic motions to serve therapeutic ends, would appear to be justified by their kinship with what is clearly an inseparable part of the constitution of vital objects. For such motion in some form accompanies vital manifestations, through all specialized phases of development, and only ceases with the cessation of life itself. The rate, force, rhythm, and form may widely differ, to correspond with function, or in obedience to controlling circumstances, as the variable degrees of health; but the substantial fact of organic rhythmic motion remains, and is pregnant with therapeutic significance. This arises from the possibility, and even the facility of affording direct supplies of the assisting motion, at rates according with the vital need, when vitality is under special stress. Supplies of motion, under the general name of massage, are but adaptations and adjustments of what pre-exist, and continually exercises control in the physiological system, and are indissolubly connected with its functions. A brief review of these is instructive, and may serve to confirm still further our interest in the facts of the relevancy and efficacy of supplied motions, for the improvement of defective health.

The lowest and the minutest and most primitive forms of life, are characterized by self-motion. That microscopic specks of protoplasm, the amoeba, alternately projects and withdraws parts of its substance. The white blood corpuscles appear to have a similar power. The cilia of all mucous membranes are incessantly performing rapid vibratory motions. The muscle cells under incitation from the voluntary nerves, or, indeed, of any physical cause, increase their diameter and shorten their axis, and directly return to their former condition. This is the way the muscle-cell exhibits its power. All muscular power is the product of changes of shape multiplied by myriads of cells. The digestive tube, the uterus, bladder, indeed all tubular organs, rhythmically diminish and enlarge the space they enclose, by similar action of the muscles of which the walls are, in part at least, composed.

The heart and arteries furnish the most conspicuous example of rhythm. The modifications of quality and degree to which this action is subject in disease, afford the physician indications of the greatest moment, regarding the special nature and the causes of disease. These modifications of rhythm as shown by the pulse, do not, therefore, require direct abatement or stimulation, but only the causes need to be rectified which render action abnormal. It has been previously shown

that the products of deficient oxidation remaining in the blood, exercise a vast influence on the rhythmic motion of the vascular walls. The use of medicaments for depressing and accelerating the pulse is a further confirmation of the principle, but by no means implies their necessity or usefulness, whenever such control is more legitimately reached through physiological channels.

It is also well known that this rhythm of the arterial circulation is profoundly influenced by the condition of the nervous system; and that its control, when abnormal, is legitimately sought by regulating and strengthening the nerves.

Physiological experiments show that the lymphatic glands and vessels, at least in the lower animals, also have rhythmic motions of their own, necessary not only to secure the destiny of their contents, but also for the advantage of the interstitial fluids, to the removal of which these motions contribute an indispensable aid.

The most ponderous of the rhythmic or reciprocating motions of the organism is that of the ovoid cavity of the trunk, including the chest and abdomen, usually, but as is shown elsewhere, harmfully regarded as appertaining to the chest alone.

The form of this culminating involuntary motion of the organism is so restricted in civilized life, owing to corresponding uniform limitations in physical occupations and habits, that its great range of variability is scarcely understood or known, even by the medical profession. Its purposes and effects, save the single one of taking in aerial food, and excluding nearly all the material from which energy has been disengaged, are therefore scarcely known, and the therapeutic advantages which may be taken of its capability of extreme variation, remain, to a large extent, a dead letter.

The rates of these involuntary and natural rhythmic motions are not devoid of interest in this connection.

Respiration in repose averages about fifteen motions per minute; and in health, extends through the whole visceral mass in men, women, children, and animals. Whenever the dynamic form of energy is given off, as in work, the motions become more frequent, and far more profound. In intellectual exercise, an occasional very deep respiration appears as a substitute for constant deep breathing, aided by occasional semi-volitional contraction of antagonizing muscles. The rate of the pulsating motions of the heart and arteries, may in general, be taken to be about quadruple that of the respiratory movements. The rate is, however, subject to variations arising from position—every change of which engages different parts of the circulatory system in variations of the resistance arising from gravitation—and, therefore, to variations in the force required to overcome such resistance.

The heart is also subject to incitations and depressions arising from the effect of the emotions, and often-times also the sensations, which contribute to increase or to diminish the nervous influence under which it acts. These effects are often morbid, and require correction by proper influences brought to bear upon its causes, and not by trying to subdue the mere effects.

Even the volitional muscles act under rhythmic control. This is brought to bear largely by the effect of the non-vital and universally available power of gravitation, which should always be thought of as economizing the volitions and nervous expenditures. The influence of gravitation, through the leverage afforded by the extremities, as the usual means employed by nature to control the rhythm of work, has been shown on a preceding page, and is referred to here as an addition to the control it demonstrably has over the circulatory motions.

Rhythm is not, then, foreign to the vital organism, but like food and air, is its constant, uniform requirement, for which there can be, in the nature of things, no substitute. It follows that rhythm of a slower or quicker form, is comparable to change of diet and air,

in exercising control of function; and that increased and diminished momentum is capable of chemical effects in the vital organism, with which the parallel effects of corresponding drugs are in degree scarcely comparable.

It should be further noted, that rhythm as a remedy is exactly parallel with, and not in opposition to, the vital endeavor; by rhythm this endeavor is exalted, and not depressed, or thwarted. The utter simplicity of this form of remedy, coupled with the propensity of the invalid to seek some strange unintelligible thing, appears to be the chief reason for its neglect.

CLINIQUE.

BRONCHITIS ACUTA.—ACUTE BRONCHIAL CATARRH.—COUGH.

By F. G. OEHME, M.D., TOMPKINSVILLE, STATEN ISLAND, N. Y.

In the following article, the indications are given for the most important remedies.

1. *Aconitum*.—High fever, with a strong, full pulse, chilly with hot, dry skin, great thirst; short, dry, hollow, hoarse cough, after taking cold. Only in the commencement of the disease.

2. *Arsenicum*.—Cough in paroxysm of more or less violence, but of long duration, especially nights. Worse when lying, from drinking cold water, from cold air. The cough is rather dry, exhausting, and only toward the end of the spell, a little phlegm is expectorated. Tickling in the trachea and under the sternum. Restlessness, uneasiness, anxiety. Not much fever or inflammation.

3. *Belladonna*.—Dry, hoarse, barking, convulsive, spasmodic cough, often in short but violent attacks, worse in the evening and nights, especially with females and children. Tickling in the trachea or bronchi, as if dust had been inhaled. Sensation of constriction in the throat. Difficult swallowing. Rush of blood to the head. Inflammation, fever.

4. *Bryonia*.—Hoarseness. Annoying, mostly dry, spasmodic cough, or with expectoration of a little tough, at times blood-streaked, mucus, especially morning or evening, or after eating, occasionally causing by its violence retching or vomiting, or a sensation in the head, as if it would burst; tickling in the throat or chest. Difficult breathing. Stinging pain in the throat and chest and pressing pain in the head. Chief remedy in bronchitis capillaris acuta.

5. *Hepar*.—Loose cough with rattling; hoarseness, scraping sensation, and soreness in the throat; aphonia. Also in frequent dry, teasing, spasmodic, barking cough with tickling in the throat, very tough, yellowish expectoration and whistling over the whole chest. Deep inspiration produces cough. Pressure and heaviness under the sternum. Occasionally choking. In croup, in loose sounding cough with no expectoration, or with expectoration of tough mucus. Choking and retching, on account of the accumulation of phlegm, which, however, is not thrown out. Extreme oppression of breathing and wheezing.

6. *Ipecacuanha*.—Dry cough or loose sounding cough, with coarse rattling in the lungs, but the phlegm does not come up easily. The cough is spasmodic, convulsive, choking, exhausting, causing dark red or livid color of the face, nausea, retching or vomiting. Shortness of breath or difficult breathing, better after copious expectoration. Tickling in the larynx. Not much fever or inflammation.

7. *Mercurius*.—Rawness, burning, and soreness of the throat, trachea, and underneath the sternum. Hoarseness. Dry, hoarse, exhausting, shaking cough with tough, phlegmy expectoration, worse nights. Fever, chilliness and heat alternating, with great sensitiveness

toward slight changes of temperature; perspiration without relief; great thirst for cold water, which, however, aggravates the cough. Great weakness, restless nights. Some have found *mercurius* beneficial, when copious, mucous, foamy secretion fills the ramifications of the bronchi and causes cough.

8. *Nux Vomica*.—The affection generally not very violent; fever absent or only moderate; the secretion of mucus either diminished or entirely suppressed, therefore the somewhat hoarse cough mostly dry, with very little expectoration or none at all. Auscultation detects only moderate deviation from the normal sounds on account of the lack of mucous secretion. The cough or spells of coughing are provoked by the slightest causes; they are very troublesome, and their violence stands in no proportion to the irritated or inflamed condition of the mucous membrane. The spells are sometimes long-lasting, and set in motion often not only all the muscles of the chest, but also of the abdomen, producing retching or even vomiting, and rush of blood to the head. Worse in the morning, frequently waking the patient; also in the evening. The catarrh extends often to the nose, which is obstructed and dry. Sensation of rawness and scraping in the throat and tickling in the larynx. Pain in the forehead.

9. *Phosphorus*.—Some writers do not consider *phosphorus* a remedy for bronchitis acuta, unless complicated with other diseases of the lungs.

Irritation to cough in the middle of the sternum. Cough caused by deep inspiration; worse from speaking, laughing, eating. Violent attacks of coughing caused by inhalation of cold air or during the morning hours. Short, hoarse, dry cough, not forcing the patient to sit up; or cough with foamy, sticky, tough, gluey, pus-like, saltish or sweetish, bloody expectoration. Hoarseness and aphonia. Sensation of a weight on the chest. Difficult breathing. Great weakness and prostration.

10. *Pulsatilla*.—The catarrhal inflammation is moderate; the mucous membrane is not bright red, but dark red; is much swollen and shows a varicose enlargement of the veins; the secretion of mucus is increased, and in coughing, much and mostly thin mucus is expectorated without exertion. These symptoms are of still more importance when a large extent of the mucous membrane is affected, and also the smaller bronchi are seized. Auscultation, therefore, detects finer or coarser rattling, but remains uniform. There is no fever or a slight one, or of short duration, but a *prevailing chilliness*; pulse fast, but soft; frequently no thirst. Worse in the evening and at night.

Also in a dry, spasmodic cough at night, relieved by sitting up in bed, but returning on lying down again. Better toward morning. Cough after getting warm in bed.

In both kinds of cough we may find retching and vomiting. Cough taking away the breath or causing general heat. Continued tickling in the windpipe. Hoarseness or rawness in the throat. The expectoration has frequently a salty taste. Catarrhal affection of the nose, eyes or intestines, with much watery secretion. No appetite.

11. *Spongia*.—Dry, short, barking, hollow cough; nights worse and frequently in paroxysm; hoarseness, pain in the throat and chest; difficult, whistling, sawing respiration, occasionally rattling.

12. *Tartarus emeticus*.—Rattling cough: it sounds loose, but little is expectorated; cough, with vomiting of food after eating; cough worse after eating and at night. Much loud rattling in the trachea and bronchi, forcing the patient to sit up; less rattling after coughing and expectoration. Difficult breathing and pressure on the chest. Especially with children and old people. Bronchitis capillaris. Threatening paralysis of the lungs. The blood overcharged with carbonic acid, and as a consequence cyanosis, sopor, delirium, coma.

(To be Continued.)

MILK AS A DISTRIBUTING CAUSE IN TYPHOID FEVER.

BY A. P. MACDONALD, M.D., PORT JERVIS, N. Y.

During the month of October and November last, Port Jervis, N. Y., was visited by an endemic of typhoid fever, which may be of interest to the profession, on account of the bearing it has on the theory that milk may become the medium through which the disease, under certain conditions, may be communicated to the unsuspecting consumers. The first case of the disease came under my observation October 24th, and, at the end of one week, I had 17 cases in 10 families. After exhausting every possible cause for this sudden outbreak, my attention was directed to the milk supply. I learned that all my families were supplied by a milkman by the name of Hensel, and that all the neighbors supplied with this milk had cases of sickness supposed to be the same as mine.

I also learned the fact that Hensel received his milk from the dairy farm of Mrs. Cuddeback, where there were three cases of typhoid fever in August and September.

Under date of January 12, 1884, I am indebted to the State Board of Health for the following:

Total number of cases reported.....	159
Total number of cases who used Hensel's milk.....	128
Total number of cases who did not use the milk.....	31
Total number of families who used the milk.....	130
Total number of families using the milk who had typhoid.....	71
Total number of families using the milk who escaped.....	59
Total number of families from all causes who had the disease.....	97

This leaves 31 cases in 26 families who did not use the milk.

Of the 31 cases reported who did not use the milk, six physicians report 16, which were investigated by the State Board with the following result:

Originated out of town.....	5
Traceable to clearly unsanitary conditions.....	6
Reasonably doubtful of diagnosis.....	3
Not investigated nor satisfactory report made 2	

The other 15 cases were reported by two physicians who opposed the milk distributing theory of the disease, and no satisfactory report was made, nor were arrangements made so that the State Board could investigate the cases. The physicians in question report 30 cases from all causes. It is a significant fact that six physicians report 129 cases, 16 of which were from other causes than the milk, and that they offered every facility to the State Board to have a satisfactory investigation made. And that two physicians report 30 cases, 15 of which were from other causes, and that no satisfactory report was made, nor opportunity afforded for an investigation, although Professor Curtis remained here two days for that purpose.

The character of the disease was very mild, convalescence as a rule was tedious, relapses frequent and there were only 17 deaths. I saw 32 cases, and had four deaths, two cases fell an easy prey to the disease on account of previous ailments, two died of peritonitis, the result of perforation. One of those was a very mild type of the disease, and gave me no anxiety till the sudden seizure of pain announcing perforation gave his case a graver aspect. At no time preceding perforation was there abdominal tenderness or high temperature.

The bulk of all the cases occurred between October 24th and November 15th, after that date the cases were few. The sale of the milk was stopped November 4th.

I mention the coincidence because it has a strong bearing on the milk theory, and that, at the time I charged the milk with being the cause of the endemic, I stated that the disease would be checked after a reasonable time after the milk supply was stopped.

MECHANICAL TREATMENT OF HERNIA.

The following illustrative case is related by Dr. Geo. H. Taylor, in the *American Homœopath*, for December, 1883: John Cronin, aged about 48, engineer, was seized by a sudden attack of what was thought to be severe colic, was sent to my office, a few rods distant. He entered crouching under intense abdominal pain and nausea, further indicated by the beads of sweat covering his pallid countenance. Inquiry elicited the statement that a large lump had appeared, a few hours before, at the lower part of his abdomen. Exposure revealed an inguinal hernia, the tumor being nearly half as large as a man's fist, which was too sensitive to allow of being touched in examination.

He was laid flat on his back, and made to hold a piece of ice in direct contact with the hernial protrusion. After about fifteen minutes, examination showed that it had become completely benumbed by the cold and insensible. The patient's hands were now made to clasp over his head. Supports were placed under his hips, raising them about fifteen inches, the feet brought to the nates, and gentle and entirely painless taxis was made to the base of the tumor, at each side successively. An assistant employed both his hands to press upward, that is, toward the diaphragm, upon the abdomen. This produced, in the position described, unequivocal traction upon the loop of incarcerated intestine, distinctly felt by the operator to correspond with the mechanical action imparted. The tumor gradually receded, and in a few moments wholly disappeared, leaving the tense Poupart's ligament as distinct as though exposed by the scalpel.

Did this patient require a truss? Radical cure demands effects exactly opposite to those produced by such an appliance. After resting a half hour, but little soreness or even uneasiness remained. His arms were extended parallel with the body as far as they could reach, while he remained lying flat on his back; the two hands were made to grasp a weight of a few pounds, and he was directed to raise his arms *very slowly* to the perpendicular. The effect, it will be easily seen, is to afford greatest possible distension to the diaphragm and to increase the space immediately beneath it to its greatest possible dimensions, which, of course, is entirely filled up with the abdominal contents, by withdrawing them from below. The arms were allowed very slowly to recede to the commencing position, and, after a few moments, to repeat the process in the same slow manner four or five times. He was then allowed perfect quiet for five or ten minutes. Next, with the hands again clasped upon the crown of his head, he was required to raise his two legs till his feet were about one foot from the floor, the knees remaining straight. This was repeated in the same slow manner several times, then succeeded a rest, during which the nutritive effect on the tissues involved by the action becomes consummated.

He was next desired to turn face downward, resting on his two elbows and the toe-ends of his feet, which in this position are perpendicular to the floor; his abdomen also rests upon the floor. He was now directed to sustain his body by the toe and elbow supports, by raising his trunk so that it would be in a straight line, and horizontal, in which position he was to remain as long as convenient. The mechanical effect is the strongest tension of all the longitudinal abdominal muscles, in connection with greatest distension of the upper abdominal space. After the trunk was allowed slowly to recede to its rest on the floor, the process was repeated in the same manner two or three times.

The patient was now allowed to *proceed to his work*. He was directed to repeat the same processes in the same manner, being particular in the observation of tissue, several times in the course of the day. It always afforded the greatest satisfaction to his feelings. The next day, his confidence and his ability being excellent, a few additional processes, having the same general effect, but more distinctly specializing the weak point and the defective tissues, were given him to practice upon occasionally. After a few days following up of the processes they were altogether omitted. This occurred in July, 1883. The patient has had excellent health ever since, without the least threat or intimation of returning weakness of the hernial region. It is a case of complete, radical and permanent cure of acute hernia, by the removal of its causes. The use of the truss, the common recourse in these cases, could have resulted in no other way than the permanent necessity for its continual use; it is practically impossible for that instrument either to remove the interior abdominal mass, or to extract the offending intestinal loop, or to thicken and increase the efficiency of the hernial tissues. Its legitimate effect is exactly the contrary.

EXTIRPATION OF THE LARYNX.—We learn from the May number of the *Indian Medical Gazette* that the Hindoo whose larynx Surgeon-Major Dr. Macleod extirpated in December, on account of a growth which filled up the rima glottidis, is progressing very favorably. The power of swallowing has been restored by winding a narrow rubber bandage round the neck, which supplements the deficient wall, aids by its elasticity the transmission of the food, and prevents the escape of this by pressing firmly on the edges of the aperture. Another apparatus constructed of vulcanite plugs the aperture, the food being passed through a hollow scooped out of the inner aspect of the plug. Feeding is accomplished partly by these apparatus, and partly by a soft catheter, passed into the oesophagus, and connected with a tin funnel and india-rubber valve. The restoration of the voice was a less easy matter, but after various methods had been tried, a pipe containing a reed was inserted into the roof of the tracheotomy tube, and with this the voice and vocal articulation were restored; Mr. Woods adapted this to a vulcanite shield, which prevented the escape of air. The tracheotomy tube served when unclosed for breathing and discharge of phlegm; and when its outer surface was stopped, the air passed through the vertical tube into the oral cavity, and voice was easily produced. The advantages of this arrangement are:

1. That sound is produced without much effort.
2. Its great simplicity and the ease with which it can be placed in position.
3. That breathing can be accomplished with great ease.
4. That the reed is not apt to become clogged with mucus.
5. Different sizes of reed, producing different pitches of voice, can easily be placed in the tube.

STRYCHNIA IN ALCOHOLISM.—M. Lecuеy claims that *strychnia* is to alcoholism what *mercury* and *iodide of potassium* are to syphilis. It cures delirium tremens, diminishes the gravity of wounds and inflammation occurring in drunkards, and wards off epilepsy and alcoholic insanity. Alcoholism should not be treated symptomatically by various remedies, but as a general disease; and the agent so treating it is *strychnia*, which will remedy all nervous or cardiac, cerebral or gastric disturbances. M. Lecuеy prefers the sulphate, and administers this by subcutaneous injection, on account of the usual indolcency of these patients and the necessity of acting upon them rapidly. He dissolves thirty centigrammes in thirty grammes of water, and, according to the gravity of the case, injects the whole or one half of

a Pravaz syringeful. Not more than a centigramme should be injected at once, and this may be repeated, under watchful guidance every two hours. In some cases one centigramme per diem suffices, while in others seven may be injected in fifteen hours without inducing symptoms of strychnism.

ON THE PREVENTION OF LACERATION OF THE FEMALE PERINEUM.—Mr. Alexander Duke, M.K.Q.C.P.I., obstetric physician to Dr. Stevens' Hospital, Dublin, remarks: "The best preventive treatment of laceration that I have found (and which I dare claim as original, though I find no notice of it in the text books on midwifery) is this: When I find the head fairly engaged in the pelvis, and advancing with each pain, I take my seat by the patient's bedside, and having lubricated my left thumb, or the first two fingers of my right hand, I introduce either into the vagina, and at the onset of a pain, draw back the perineum firmly, but gently, toward the coccyx, relaxing the tension gradually as the pain lessens till the next ensues, and so on till I can draw back the perineum with very slight effort. I thus tire out the muscular structure, and produce sufficient relaxation for the head to pass.

"In most cases so treated there is no danger of the perineum, but when the pubic arch is too narrow (which can be easily determined) I take the additional precaution of raising the patient's left hip, and supporting on a hard pillow, while the shoulders are kept low, fomenting the parts, using inunction of lard or *vaseline*, and taking particular care to direct the head forward by pressure, with my left hand below the coccyx, or a finger in the rectum, leaving the perineum untouched. It has always seemed anomalous to me that the perineum should be expected to dilate on such short notice, namely the progress of extension, while dilatation of the os and cervix occupy such a considerable time, even with the additional help of nature's hydrostatic dilator, viz., the bag of waters.

"The drawing back of the perineum produces no additional pain to the patient, as it is done during an uterine contraction, and I feel sure that if nurses and students were educated as to the proper way of preparing the perineum previous to its distension with the presenting part, we should see and hear less of lacerated perineum."—*Brit. Med. Journal*.

LEMONS FOR MALARIAL FEVER.—Dr. Carlo Magliere (*Courier of Medicine*) speaks very highly of a remedy which has been in popular use in some parts of this country for some time. It is a decoction of lemons. He had his attention drawn to it while visiting another section of his country, and after experimenting with it was astonished at its beneficial effects in all sorts of malarial fever. He reports some truly remarkable cures effected by it. He recommends the decoction made of the fresh lemon, cut into slices and boiled in a new earthen pot. It is to be given four hours before the fever. He gives the results arrived at with this decoction as follows, and urges further experiments to be made:

1. The decoction of lemons in malarial affections gives results equal to and better than *quinine*.
2. It is not only active when *quinine* is active, but even after the latter drug ceases to be active.
3. It is not less active in chronic malarial affections.
4. It does not present any of the disadvantageous effects of *quinine*.
5. Its administration is possible also in catarrhal conditions of the digestive tract.
5. Its cheapness renders it eminently popular.

THE NERVE CENTRES FOR UTERINE CONTRACTIONS.—Dr. Dembo claims to have discovered the ganglia concerned in the production of cancer of the uterus. He says they are situated in the anterior wall of the vagina, and are independent of the spinal cord.—*Centralblatt. f. Gynäkol.*, Aug. 11, 1883.

MUSCARIN POISONING SIMULATING CHOLERA.—Prof. Boehm, of Marburg, has determined that several of the mushrooms, like *arsenic*, cause a casting off of the intestinal epithelium.

Muscarin, administered by subcutaneous injection to cats, produced *choleriform* symptoms, violent vomiting and purging, at first focal, afterwards white masses of mucus, containing partly isolated epithelial cells and partly membraniform casts, shaped like a glove finger. —*Virchow's Archiv*.

POSITION IN LABOR.—Dr. A. Drummond MacDonald read a paper on this subject before the British Medical Association which concludes as follows:

In conclusion, you will understand the meaning which I wish fully to convey when I say that upon the integrity of the pelvic floor a great measure of the health and happiness of woman depends. What we have to think of is not how to repair, but how to prevent, laceration, both of its pubic and perineal, but chiefly of its perineal, segment. I have shown that a more or less sigmoid position tends to produce these lacerations, whereas a rectilinear position tends to prevent them. Is it not, therefore, advisable that we should abandon the established in favor of the straight-bodied position, as being more in accordance with the upright arrangements of nature?

TREATMENT OF WHOOPING COUGH.—Dr. Archambault (*Gaz. des Hôp. No. 28, 1883*) recommends that children suffering from this disease should be kept in-doors, and that special attention should be paid to keeping the temperature of the rooms they occupy uniform. He states that by means of precautions it is almost certain that such lung complications as capillary bronchitis and broncho-pneumonia may be prevented. In support of his advice he points to the fact that summer attacks of the disease are always milder than those occurring in winter. The drug he recommends is *sulphate of atropine* 1-1000th, one drop thrice daily for children a year old, two drops for two year old children, and so on.

SALICYLIC ACID TO ABORT VARIOLA.—The editor of the *Southern Clinic* certifies, along with Dr. Claridge and Dr. De Caillol, to the abortive power of *salicylic acid* in variola, given in the ordinary doses. Dr. Bryce thus concludes: "I believe *salicylic acid* used early and freely will place small-pox in the category with measles, chicken-pox, and other trifling complaints."

To cure an abscess without cicatrix, Dr. Quinlan (*Med. and Surg. Reporter*) uses a silver wire passed through the abscess before it has reached the skin, and retained there. It acts as a drain, and never has failed in his hands.

IODINE AS A GASTRIC SEDATIVE.—The employment of *iodine* for the relief of the vomiting of pregnancy has been somewhat in vogue for a number of years. And while the success attending its use has been pointed out with more or less enthusiasm, its exact value has never been established. Dr. T. T. Gaunt has for a number of years been employing the compound *tincture of iodine* in drop doses in nearly all forms of emesis, and reports thirteen cases of the most varied character, in all of which vomiting was promptly arrested by the use of this drug.

FOR EXCORIATED NIPPLES.—As an application to excoriated nipples the following is recommended:

B.—Balsam Peru..... 3 j.
Olei..... 3 jss.
Mucil. Acacie..... 3 jss.

M. Sig. Apply after last nursing, the nipple having been carefully cleansed.

TREATMENT OF ENLARGED PROSTATE.—Dr. William S. Savory thus writes in the *Lancet*, March 3, 1883:

"The cause of retention of urine in these cases being a mechanical one, I suppose there can be little doubt that the introduction of an instrument does good by pressing aside that portion of the enlarged prostate which is most immediately concerned in producing the obstruction. Now, much more good in this direction, and good, too, which will last much longer, is often gained by retaining a catheter for some time after it has been introduced, say for one or two hours or so, as the patient may be able to bear it without distress. This plan is well worth trying in most cases of the kind."

A CLINICAL STUDY OF ABSCESSSES.—Mr. Nairne concludes an exhaustive article in the *Glasgow Medical Journal*, October, 1883, with the following deductions:

1. The early years of life are those in which abscesses are most common.
2. Both sexes are equally subject to abscesses.
3. The upper part of the body is the commonest site of abscesses in the female sex.
4. The lower part of the body is the commonest site in the male sex.
5. The parents of such as have suffered from severe abscesses are themselves (either one or both) phthisical or strumous.
6. The average duration of treatment of curable abscesses is two weeks.
7. Abscesses fall naturally into two divisions: *a*, simple; *b*, indicative.
8. Simple abscesses require little treatment; have a tendency to spontaneous cure.
9. Indicative abscesses require great attention; have no tendency to cure, but rather to become chronic.
10. Indicative abscesses indicate constitutional affection: *a*, of the osseous system; *b*, of the glandular system, or of the cellular or any tissue other than osseous.
11. The constitutional affection of the bones is the least fatal.

GOUTY RHEUMATISM—LACHESIS.—A gentleman summoned me to attend him in an attack of gouty rheumatism.

The left foot was much swollen, very sensitive to pressure, and could not sustain the weight of the body. He therefore walked with crutches. No symptoms of any value could at first be found upon which to prescribe, except that he had been subjecting himself to the action of quack medicines. *Nux vomica* was given, but without effect.

Finally, it was observed that the pain began on the *left* side of the foot, and went over to the *right*; that the next day the inflammation extended from the *left* foot to the *right*. Here was a well known indication for *lachesis*. This medicine was given with immediate relief. A few days later, the improvement seeming to be fading away, three or four doses of *lachesis* were given at comparatively short intervals. At once there was a great aggravation of all the symptoms. By the simple expedient of withholding all medicine, the aggravation disappeared and the patient quickly got well.—Walter M. James, M.D.

DIAGNOSIS OF DIABETES.—A correspondent writes to the *Gazette des Hôpitaux* on a simple means of recognizing this disease. Every time that a patient in consulting him passed the tongue several times between the lips in the course of conversation, he concluded at once that his client was diabetic. Out of thirty-four cases not once did he observe an exception to the rule. The reason why is easily understood—dryness of the mouth—a fact well known to all.

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WM. B. WOOD, M.D., *Business Manager.*

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

Our practice is not "based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

THE BEGINNING OF THE END.

In a recent issue of the TIMES, we stated that we believed that, at no distant day, the medical profession in this country, would be divided into three distinct parties. The liberal men of all schools, standing upon the platform of freedom of thought, recognizing, as a test of fellowship, education, intelligence, and that unwritten law, which controls the action of every gentleman, will form the great party of the age. On the one side, will be found a distinct sect, under the sectarian and partisan name of "regular," entrenched within the walls of the old code, and holding no fellowship with any who cannot repeat its shibboleth. On the other side, an equally distinct sect, wedded to one idea—the infinitesimalists, or the "pure Hahnemannians."

Events are moving on more rapidly than we anticipated, and the recent organization of a new society in this city, and the work marked out by its members, looks to the speedy fulfillment of our prediction. A new county society has recently been formed in this city by the old codists, and the plans arranged for the formation of a similar society in every county in the State, out of which will grow a State medical society. The ark of their covenant is the old code. This is borne in solemn state like the sacred rolls in the Jewish Tabernacles. All outside are heretics, with whom no true believer can for a moment associate. In the meantime, the great current of free thought sweeps on its resistless way, heedless alike of the anathemas of the "regulars," and the clouds which ever float around the men, who believe that all of medical truth exists in a single dogma, and that dogma rarified, like the most imponderable gases, until it bears no semblance to the grand compact and logical truth, which has worked such a revolution in therapeutics.

Radicals have been of vast use in the inception of every great movement, in drawing the attention of the public to its peculiar features in keeping them before the people, and awakening oftentimes, by the extreme positions taken, the sharpest criticisms, and the most careful scientific analyses. When the real principles, which are often clouded by unwise and too enthusiastic and imaginative councilors, have become finally established, and their truth amply demonstrated, the radical and extremist, if he is wise, will be a radical and extremist no longer.

His mission has been accomplished, and if he continues a radical and extremist, he becomes at first a public nuisance, and then drops out of notice, while the great cause, in which he once wielded a power as a leader, moves on without him. It requires no prophet's eye to foresee that the extremists on both sides of the great central party, fighting against the spirit of the age, restricting by sectarian enactments and feudal discipline, free thought, will every year become fewer in number, and grow less and less powerful, until their organization ceases to exist.

We look, therefore, upon the withdrawal of the old codists from their old societies, and the formation of new ones, in which they can be as exclusive as they like, as an exceedingly favorable omen for the cause of progress. The position of old codists is that of sectarianism, strong, rampant, iron-bound, conceited, selfish, full of inflated pride, without one redeeming trait, or one element of good to save it, as a sect, from perdition. It will rid the new party of a discordant element with its conceit and trickery, its backbiting, and its gossip, and enable it to devote its entire attention to the great mission of our profession—the public good.

THE NEW DEPARTURE

A bill has been introduced into the present Legislature to take away from the colleges the power of granting licenses to practice medicine, making their diplomas simply certificates of scholarship, and vesting the licensing power in a board of nine examiners, appointed by the Regents. Six of the members of this board are to be chosen from the old school, two from the new, and one from the eclectic, and the student is to decide for himself in the doctrines of which school he shall be examined in *materia medica*, *therapeutics*, and *theory and practice*, and shall receive his license to practice in the school examined.

For the purpose of conducting the examinations semi-annual meetings of the Board are required to be held at New York or Albany. It is proposed to have this new attachment to the State Government set up by the 1st of June, 1884, and to have it ready for operation on the 1st of November following, after which time it is to operate as a bar to the present system of licensing physicians directly by the several medical colleges of the State. The Howe bill requires the applicant for examination to pay \$25 to the Board of Regents when he makes such application, and \$15 for his license when it is issued to him. The examiners are allowed \$25 a day each, and their expenses during the time occupied going

to and returning from the place of examination, and for the time spent in conducting the examinations.

The TIMES has more than once expressed its views of this matter in the most emphatic terms. The steps proposed would, in our estimation, be infinitely worse than the practice which now prevails.

Is this war of schools never to cease? Is the cry forever to go up "I am of this school and I am of that"? Must we resort to public legislation to keep up the lines of sects and perpetuate and intensify with increased bitterness old quarrels? We shall never stand upon anything like equal ground until students from all schools and from no school are subjected to precisely the same examination. All will then stand on an equal footing, and their future success depend upon themselves. Each has a perfect right to give prominence to any peculiar theory, or any line of thought which he thinks will best conduce to the welfare of his patients and the fullness of his own pocket. In the appointment of this Board of Examiners let no mention be made of sect or of school. The Regents constitute the highest educational power in the State, and we have no fear that men of their high standing would bring to the appointment of this board any other feeling than that of promoting the highest interests of medical education, and securing the greatest good to the public. We are perfectly willing to trust this matter in their hands with the utmost assurance that they would stand above all partisan feeling, solely intent on their public duty. In *materia medica*, for instance, we of the new school would be perfectly content with an examination which would show, so far as drugs are concerned, their physiological action. With a fair understanding of this, the man of ordinary intelligence would soon form a pretty good idea of their most efficient field of action. These are subjects which men of all schools should understand, and understanding, would be brought in closer unity. If we are to have a Board of Examiners, and we sincerely hope we may have, let us have one irrespective of school or sect, placing in their examinations all students on precisely the same footing.

THE DEATH PENALTY.

If we may not agree upon the wisdom of the death penalty, we can, at least, urge upon the authorities a scientific killing, which will not subject the victim to unnecessary torture. Some plan can certainly be devised whereby the culprit can be killed at once instead of being subjected to the slow torture of suffocation. We are led to these remarks from reading in the public papers an account of three executions in New Jersey, in which the hanging was so bunglingly done that the victims were from fifteen to twenty minutes in dying. The autopsy, in one case, showed such unmistakable indications of organic brain disease that it was perfectly apparent an insane man had been executed. So long as the present system of expert testimony is retained—testimony which is often without scientific value, but which has such weight as to send an irresponsible man to the scaffold—we may expect, and shall be liable to, just

this kind of legal murder. If we must have the death penalty, let us have a board of experts chosen and paid by the State, as a security against the legal murders which the autopsy has clearly shown to have been so often committed in our midst.

The question of insanity is so complex in its nature, and requires such close study and delicate handling, that too much care, where liberty and life are concerned, cannot be taken in bringing to bear upon it the fullest information and the most profound and unprejudiced judgment. This end certainly cannot be secured in the hap-hazard way in which the matter is now managed.

VIVISECTION AND THE RECENT EXPERIMENTS OF DR. RINGER AND MURRELL WITH NITRITE OF SODIUM.

In the *Lancet* of November 3, appeared a paper by Dr. Sydney Ringer and Dr. W. Murrell on the poisonous action of *nitrite of sodium*, in which the authors give the results of their experiments with the drug on frogs and cats, and on their hospital out-patients. The paper has called forth a great deal of comment, and some severe criticism from the English press, medical and lay, so much so, that an extraordinary comitia of the College of Physicians and Surgeons was held—of which College Drs. Ringer and Murrell are Fellows—to investigate all the circumstances of the case.

The portion of the paper especially calling forth this indignation contains the following rather remarkable description of their clinical observations:

"In addition to these experiments, we have made some observations clinically. To eighteen adults—fourteen men and four women—we ordered ten grains of the pure *nitrite of sodium* in an ounce of water, and of these seventeen declared that they were unable to take it. They came back protesting loudly, and required no questioning as to the symptoms produced. They seemed to be pretty unanimous on one point—that it was about the worst medicine (!) they had ever taken. They said if they ever took another dose they would expect to drop down dead, and it would serve them right. One man, a burly, strong fellow, suffering from a little rheumatism only, said that after taking the first dose he 'felt giddy,' as if he would 'go off insensible.' His lips, face and hands turned blue, and he had to lie down for an hour and a half before he dared to move. His heart fluttered and he suffered from throbbing pains in his head. He was urged to take another dose, but declined on the ground that he had a wife and family. Another patient had to sit down for an hour after the dose, and said that it 'took all his strength away.' He, too, seemed to think that the medicine did not agree with him. * * * The women appeared to have suffered more than the men; at all events, they expressed their opinions more forcibly. One woman said that ten minutes after taking the first dose—she did not try a second—she felt a trembling sensation all over her, and suddenly fell on the floor. While lying there, she perspired profusely, her face and head seemed swollen and throbbed violently, until she thought they would

burst. * * * Another woman said she thought she would have died after taking a dose; it threw her into a violent perspiration, and in less than five minutes her lips turned quite black and throbbed for hours; it upset her so much that she was afraid she would never get over it. The only one of the eighteen patients who made no complaint after taking ten grains was powerfully affected by fifteen. * * * The effect on these patients was so unpleasant that it was deemed unadvisable to increase the dose."

We must say that the language shows more humor than humanity, and that we regard these experiments as unjustifiable.

Dr. Murrell's letter to the *Standard*, in explanation, seems not to have changed the impression produced by the original paper.

To Sydney Ringer, and his co-worker, Dr. Murrell, we are largely indebted for much original work in experimental therapeutics. Ringer's "Handbook" is based largely on the provings of drugs on man and the lower animals, and abundantly testifies to his indefatigable industry and enthusiasm in this new field of research. The new editions of his book and his numerous contributions to periodical literature, ever remind us of his hard and continued work. He has been, therefore, looked up to as an original investigator, and all his writings eagerly sought after. It is especially unfortunate, therefore, that he should have done anything to bring upon himself and vivisection this censure and indignation.

Vivisection has its uses and abuses. No reasonable person, with any knowledge of medicine and the progress it has made within recent years, can doubt the great benefits which have accrued from experiments on animals. Vivisection covers a large field of research, and with anesthetics at our disposal many experiments can be made painless. But even when pain is unavoidable, if the investigator has a proper aim and suitable facilities for work, we regard vivisection as justified by the end in view.

When we come to human beings, the whole question is changed, and experimentation is confined to comparatively narrow limits. In hospitals and in private practice a certain amount of experimentation can be carried on with all the patient's interests at heart, and we owe much to this form of clinical observation. In fact, different forms of treatment, carried out independently of any experimental object offer the same advantages for comparison and deduction as pure experiments. But when patients are given drugs experimentally without their consent or knowledge, and in doses sufficient to induce painful, if not dangerous symptoms, the action becomes reprehensible to a degree, and justly calls for censure.

We think that Drs. Ringer and Murrell have allowed their experimental zeal to carry them too far. If their experiments have not been cruel they have certainly been reckless, and they have not only brought censure upon themselves, but have injured, at least in England, the very cause for which they have so zealously worked.

PROGRESS IN THE CONCEPTION AND TREATMENT OF MADNESS.

It ought to be a matter of profound interest to those who have brains, and would preserve them, to know that the knowledge of insanity, and its allied diseases, is making great advancement. It was but a few years since that all the maladies to which the mind is subject were embraced in the significant category of *madness*. Even so astute an observer as Dr. Benjamin Rush, so late as 1812, in his work on "Diseases of the Mind," made no attempt to classify and differentiate the various forms of "madness." Though eminent in the profession of his day, he was so benighted on the subject of insanity as to make a distinction between mental disease and brain disease, and to separate the pathology of brain from that of mind. He objected, however, to the doctrine that madness was exclusively a disease of the mind—that is, an ideal disease—for the reason among other reasons, that "there are but two instances on record of the brain being found free from morbid appearances in persons who have died of madness." Nevertheless, he rejected the idea which had gained currency in his day, that madness has its seat in the viscera, the nerves, or the mind, and declared that, in his opinion, "the cause of madness is seated primarily in the blood-vessels of the brain, and that it depends upon the same kind of morbid and irregular actions that constitute other arterial diseases." Fifty-years later, Esquirol differentiated five forms of madness, making imbecility one of them, and wrongly confounding idiocy with imbecility. Later, Griesinger improved on Esquirol's conception of the subject, and laid the foundation for the advanced doctrines of the pathology and etiology of the protean forms of "madness," which are entertained to day by English and American psychiatrists.

But, while great advance has been made in the knowledge and interpretation of the phenomena of madness, much less must be conceded in respect of progress in the means and methods of treating it. The therapeutics of the subject does not keep pace with progress of its pathology and diagnosis, which, after all, is not unnatural, since the knowledge of any malady must needs precede reforms in the means and methods of treating it. The shortcomings in the latter direction are due as much to failure to appreciate and utilize the deductions of science in regard to the general care of persons afflicted with brain disease, as in regard to their special treatment—in other words, as much in hygiene, as in therapeutics. The fact that persons insanely sick are in most urgent need of appropriate sanitary surroundings, such as fresh air, sunlight, music, society, social and religious influences, means of industrial recreation, etc., is too much ignored, either because it is not convenient or expedient to provide them with such an environment, or because the managers of insane retreats and asylums are ignorant of the necessity of such an environment in the treatment of their patients. Whatever the reason may be, the fact exists that the best approved measures of hygiene, moral and physical, form a secondary consideration in

the conduct and appointments of a vast majority of the asylums in Europe and America, and are ignored altogether in a large minority of public and private institutions for the care of the insane.

Our attention has recently been called afresh to this subject by an article in a late issue of the *London Times*, written, evidently, by one who is familiar, not only with the needs of the insane, but also with the evils and shortcomings of the present system of asylum management, even as it is in England. The writer points out the variety of the class of insane persons, and the consequent necessity of diverse methods of treatment which they require. "The insane do not form one homogeneous class," the writer observes. "Broadly speaking, they may be divided into seven categories:—1st, idiots; 2d, imbeciles; 3d, epileptics; 4th, general paralytics; 5th, melancholics; 6th, neurotics; and, 7th, the temporarily demented, whose delirium proceeds either from the abuse of stimulants, from sunstroke, or from some other cause that has led to inflammation of the brain."

The writer very properly insists that each of these classes needs different surroundings, not to mention difference of medical treatment, and that each should be isolated from the other, instead of being all huddled together in the same institution. Then, as to the necessity of out-door air and out-door work, amusements, etc., for certain of these classes, he forcibly says:

"But how is a lunatic to get proper out-door exercise in a small suburban asylum, where the air grounds are mere yards, or gardens not more than fifty feet long? Imagine a man in whom all faculty for enjoying life has not become extinct being confined for years and years in such a den! Every inspector of asylums could bear witness that he has known lunatics who have spent the better part of their lives within yards where they could scarcely take more than twenty paces in any direction. Hopeless madmen they may have been, but it does not follow that they would have been indifferent to the occupations and amusements that could be found for them in larger asylums. In these large establishments it is customary to allow harmless confirmed lunatics a great deal of liberty. If they have aptitudes for any kind of manual employment work is found for them, and, when poor, they are enabled to earn money with which to purchase little luxuries. Some are employed as gardeners, others as carpenters, painters, assistant-cooks, or field laborers, and, in addition to the work which thus prevents their lives from becoming monotonous, and their brains from brooding always over tiresome fancies, they are provided with recreations in the form of concerts, private theatricals, and occasional balls."

The writer draws a comparison in respect of advantages of this nature which are afforded by small and large asylums in favor of the latter. "The unhappy patient in a small private asylum," he says, "can enjoy none of these boons. For him there is no work, no amusement, no Sundays. If his malady does not admit of his being taken for walks outside the asylum—as, for instance, when he is noisy, or addicted to cutting capers in public—the wretched fellow has no other

pastime than to stare at the four brick walls which cage him as if he were a wild beast. It is an atrocious life, but inspectors are powerless to interfere on behalf of anybody whom they may see leading it. It is not their business to do so."

If these things may be justly complained of in England, where laws relating to lunacy and appointments of asylums for the insane are models for all the rest of the world to imitate, what may not be said of the shortcomings of asylum appointments and methods in other and less civilized countries? But what is the remedy for the evils of which the writer complains? In answer to this question, we fully agree with him, namely, "that the first step toward reforming asylums must be to bring legislation in harmony with science, by classifying the insane, like other patients, according to their ailments. Until this be done, no modification of the laws on existing lines and no amount of zeal on the part of commissioners will make small private asylums exactly what they ought to be."

But this is not all that is needed to place asylums and asylum management in harmony with science. After a proper classification, individualization of the cases in each class is necessary, to the end that every person who is insanely sick may have appropriate and personal treatment in accordance with the requirements of a scientific method. This may be regarded as the second step in the direction of placing this subject "in harmony with science."

SOME WORK IN OUR CITY.

Mayor Edson, in his annual message, has set forth the doings of the departments in which we are especially interested, as follows:

"STREET CLEANING.

"The condition of the streets during the past year has been an improvement upon their condition in previous years. The appropriation to this department for 1883, was \$1,000,000, which amount was reinforced by transfers of unexpended balances of former years to the extent of \$23,000. The contracts for the two districts below Fourteenth street, on either side of Broadway, have, in my opinion, proven more successful than the performance of that work could have been without contract. I think the contract system could be extended with beneficent results to the city, both in the direction of cost and in the matter of cleaning the streets, as well as in the cost of removing the street-sweepings, ashes and garbage after their collection. The contracts referred to expire in February next; and the matters of renewal and the extension of the system are receiving the earnest consideration of both the commissioner and myself.

"HEALTH.

"The Department of Health is justly entitled to great credit for the energy and efficiency with which it has performed the many difficult and onerous duties devolving upon it, and the remarkable healthfulness of the city during the past year is, in a very great degree, due to the constant watchfulness exercised by this

department, and to the vigorous enforcement by its officers of our sanitary laws. The efforts on the part of the commissioners to make a still more systematic organization of the department evince a commendable zeal, which will not fail of appreciation and thankful recognition by our citizens.

" The number of deaths occurring in the city during the year was 33,958, a decrease of 3,966, as compared with the previous year. The death rate, in comparison with that of other large cities, is not excessive, especially when the many extraordinary circumstances existing here are taken into consideration, *viz.*, the absolute completeness of the records of deaths: the large tenement house population, due to the insular location of the city; the great foreign immigration to this port, where many aged, weak, and sickly immigrants remain to die; the influx of sick and poor from the surrounding country and from interior cities, who seek the benefits of the treatment to be obtained in our hospitals; and the great number of visitors and temporary residents always in the city for medical treatment—all contributing to swell the mortality and to increase the apparent death rate. The large decrease in the number of deaths from zymotic diseases is a notable circumstance. The number of deaths from small-pox during 1883 was 12, as against 259 in 1882; from scarlatina 745, as against 2,006; diphtheria 1,010, as against 1,525.

" This department is sadly in need of suitable accommodations. The records kept by the Bureau of Vital Statistics—documents scarcely less important than the records of deeds and mortgages—have accumulated year by year until they are difficult of access as stored at present, besides being in constant danger of destruction by fire. I believe in exacting the utmost vigilance and fidelity from the officers of the department; and I also believe that the city should spare no pains or reasonable expense in providing them with every facility for the prompt and effectual performance of their duties.

" PUBLIC CHARITIES AND CORRECTION.

" The affairs of the Department of Public Charities and Correction have received the unremitting and zealous attention of the Commissioners, and I believe have been conducted to the satisfaction of the community. For many years the department has been managed on the same general plan which now obtains, charity and correction being mingled in a manner exceedingly objectionable and not tending to the welfare of the unfortunate people who become, through one cause or another, inmates of the institutions in charge of the department. At the same time I believe that the best is being done that is possible with the accommodations at the disposal of the Commissioners.

" During the year 1883 the average number of persons under the charge of the department, in all its subdivisions, was 11,334, which number, including the necessary attendants and employees, is raised to 12,222. Whatever reforms may be hereafter made, or whether any are made or not, the number of persons to be cared for will naturally increase with the growth of the city, so that additional space will become necessary at

no distant day. Recognizing this condition of things, the Commissioners applied to the Board of Estimate and Apportionment for an appropriation of \$180,000 with which to purchase "Riker's Island." While the Board agreed with the Commissioners as to the wisdom of making the purchase, it was deemed wiser by both that authority should be asked through the Legislature to make the purchase and to pay for the island by the issue of bonds rather than place the amount in the tax levy at this time. I therefore, recommend that you urge the Legislature to grant the necessary authority to purchase the island, at an early date, in the manner above indicated."

INVITING AN EPIDEMIC.

The wonderful immunity from small-pox that has existed in this city and its vicinity for the past few years, has developed a growing carelessness in regard to protection therefrom, by vaccination, that may result in evil of no small dimensions. Fear of anything calamitous is generally in proportion to the relative distance of the danger. In the almost entire absence of cases of variola, the public dread of the disease diminishes. The demands upon the profession to be protected by suitable vaccination decreases. Physicians are only too glad to be rid of importunity upon the subject. For they fear more the results of inoculation with impure vaccine lymph than the distant danger of an attack of variola. The annoyance has led many physicians to avoid the subject, and with their diminished interest, statistics become untrustworthy, and the public is lulled in a sense of security from which there will inevitably be a rude awakening. The recurrence of epidemic small-pox in this city is periodical, and experiences teach the older members of the profession that the probabilities are against a much longer immunity from another visitation.

The want of trustworthy statistics on this and other contagious diseases, is to be lamented. The reports of these cases are often subject to expediency, and are still further rendered doubtful by their imperfect classification, and want of proper attention and tabulation by the local and State Boards of Health. The profession should bring the weight of its entire influence upon the re-establishment of a competent National Board of Health. Not to interfere with the admirable marine hospital system, but to gather, and present in published form, those statistics of disease, that bear with such importance upon the public welfare. The necessary expense should form no part of the consideration. For it has been demonstrated over and over again, that the injury to business by a single epidemic will greatly exceed the cost of years of systematic work of prevention.

Especially in a city like New York, where inroads of any contagious disease may be made by land or by sea, where such a tide of immigration is setting in from every part of the world, the outbreak of some epidemic disease, before long, is an absolute certainty. In view of such facts, it becomes the duty of every physician to see to it that every possible precaution is afforded to

his patients; to prevent the aggregation of cases of any contagious disease, promptly reporting all the facts to the Board of Health, and being assured that the protection of vaccination, and every other scientific measure, is assured to their entire clientele; to insist upon the more accurate and systematic tabulation and arrangement of reported cases, and that Boards of Health, and their accessories, shall exist for the welfare of the public, instead of being rewards for political service.

GIVE US BETTER VACCINE.

The undoubted interest awakened in the profession by the circular of the Ibex Company is gratifying as an earnest of what we may expect under such enterprise. The scientific investigation of facts connected with the subject of vaccination have been too long neglected by the medical profession, and it is their own fault if persons anxious only for gain have imposed upon the busy practitioner an article purporting to be pure vaccine lymph, but which careful examination proved to be only a dried solution of *gum arabic*, or some other substance of like appearance. The fraud perpetrated upon an entire ship's company, which was inoculated with a solution of *gum arabic* recently, might have turned out to be an exceedingly expensive joke. By introducing the infection of small-pox to be scattered broadcast over the land by the clothing of several hundred passengers, the pecuniary loss, aside from the suffering and probable death of many victims, would reach up into the millions.

And the solution of *gum arabic* was harmless *per se*. What can be said where vaccine lymph has become contaminated, and without protecting against small-pox charges the system with one of those terrible constitutional diseases that render even existence a burden? Cases prove that these are facts, though that they are not more frequently made public is due to that shrinking from exposure so natural to the victim and the interested suppression by the unfortunate physician, who fears the ruin of his practice. But when the accomplished wife of a prominent clergyman becomes blind with syphilitic *iritis*, and the sensitive physician who inoculated her with vaccine tainted with syphilis is ending his days in a mad-house, the case is brought home to each one of us. Is not the inquiry pertinent, how do we know the vaccine sold to be *absolutely pure*? The secondary inquiry should be as to its vaccinal strength; but the failure to take will not blight a life, though this too, is of great importance. Else why vaccinate at all?

Careful records of the results of the scientific cultivation of vaccine are greatly needed. Investigation must lead to the development of facts of the greatest importance, both to the profession and the general public. Such investigations require experience, intelligence, expenditure, both of time and means, and every possible scientific aid and appliance. But the benefit to science and the human race is not to be questioned for a moment, as no subject has been more neglected, and there is none about which the profession at large is so ignorant.

VASELINE.—A few months ago, a statement made before a Cincinnati medical society, was quite extensively published, that, in several instances, *vaseline* had proved an irritant, and was in these cases, evidently impure. A correspondence with the writer of the paper, brought out the fact that the cases were quoted from a German paper, and had occurred in Germany. As *vaseline* has become such an important element in many pharmaceutical preparations, and is used in almost every family, it seemed to us that the question of the integrity of the manufacturers in furnishing a perfectly pure article, should be settled beyond a doubt, and we, therefore, requested the originator of the product, Mr. Chesebrough, to furnish an article upon the subject, which is given on another page. It places the whole matter in a perfectly clear light.

THE MIDDLETOWN ASYLUM.

The annual report of Dr. S. H. Talcott, Medical Superintendent of the Asylum, submitted at a recent meeting of the Board of Trustees, contains much that is of interest to the public at large, and of especial interest to those who are interested in the care and cure of the insane.

There were 240 patients present at the beginning of the year, and 170 have since been received, a total of 410. Of these, 69 have been discharged recovered, 28 discharged improved, 34 discharged unimproved, 18 died, and one eloped, leaving in the asylum at the end of the year 260 patients. The percentage of recoveries is 46, the percentage of deaths is 4.39. The percentage of recoveries is fully up to the average, while the death rate is lower than any other year of the institution except 1880.

Under the head of suggestions for improvements, the Doctor states that the short halls in each pavilion where the more excited patients are kept are not suitably provided with rooms in which the patients can exercise freely. He recommends the erection of large and sunny day-rooms at the end of each short hall, and states in detail the very great advantages to be derived from them.

He renewes a former recommendation, that the institution be provided with large and suitable airing courts, protected by walls and covered terraces, in order that the patients may have the benefit of constant exercise in the open air, and where they may easily be watched by a limited number of attendants.

In view of the constantly increasing demand for vegetables for use at the institution, and the difficulty which sometimes occurs in securing manure in suitable quantities, he suggests that some means for saving and utilizing the sewage be adopted. There is enough of it to render the whole farm very fertile.

During the past year, pipes have been connected with every water closet, in turn connected with a larger pipe, leading to the top of the building, which takes all danger from sewer gas.

Fire ladders have been procured, additional hose and a number of Babcock's fire extinguishers also, and a fire company composed of employees has been organized.

The Doctor calls attention to the fact that in a short time their necessities will demand a larger kitchen than the one now in use. He recommends the construction of one in a separate building, thus reducing the danger from fire and avoiding the distribution of odors arising from cooking processes through the house. The latter is always a source of greater or less annoyance, and is possibly injurious to health.

The chapel is too small for the number of patients, and he recommends the erection of a new building for religious purposes, large enough to accommodate all the patients who can be cared for in the asylum. He suggests that an amusement hall could also be profitably constructed in connection with the chapel.

He approved a suggestion made that a special building be constructed in which the more noisy patients could be placed, and that thus the welfare of the more quiet ones would be conserved.

He renewes a recommendation made in a former report, in favor of the erection of workshops for the patients. While visiting Hanwell Asylum, last summer, he observed a systematic series of shops had been constructed, and in them were seen tailors, shoemakers, carpenters, plumbers, etc., etc., engaged at work. As a remedial and economic measure he urges the erection of similar shops here.

The Doctor states that on the 20th of May, 1884, the first decade of experiment in the treatment of insanity by homoeopathic means will have ended, and in his next report he hopes to give a statistical summary of the forms of insanity treated, the general means used, the remedies specially applied and the total results attained. This will, he assures us in advance, be highly gratifying to the friends of homoeopathy.

The Doctor protests against the provision of the law under which criminal lunatics, those who are acquitted of crime on the ground of lunacy or who are obviously insane, are committed to the State asylums. The number is increasing, and they are the *bête noir* of every asylum. Being in most cases vicious and depraved as well as insane, they tend to breed insubordination among other inmates, and to corrupt all the patients with whom they are obliged to more or less mingle. He urges that a special asylum should be provided for all such cases.

Dr. Guernsey, Chairman of the Visiting Committee, reported that the sanitary condition of the asylum was never better. He particularly alluded to the cleanliness that was observable throughout the buildings; the improved water closets, the stone floor, etc., the absence of offensive and deleterious smells, and the marked improvement in the health of the inmates of the institution. He recommended additional exercise grounds and day rooms, and believed that great good would accrue to the patients therefrom.

TRUSTEE'S REPORT.

A draft of the thirteenth annual business report, and the tenth report concerning patients, which the trustees are required to make to the Legislature of the State, was then read, considered and adopted. It starts off with a mention of the work done by the several committees to whom the work of financial management, ward inspection and general oversight is entrusted. The Visiting Committee have passed through the wards on numerous occasions both by night and by day. They have called at unexpected hours, without warning or notice, and have passed at once to the work of visiting the wards. Every complaint made by the patients has received full and careful attention at the hands of the Visiting Committee. Every patient who so desired has enjoyed the opportunity of private consultation with members of the visiting board. In fact, it has been the aim, we believe, of every trustee of this asylum to accord to all the insane under treatment here, the fullest recognition of their rights, and it has been the aim of each and every member to secure to all the blessings of personal liberty, so far as the safety of the community and welfare of the sick themselves would allow or permit. In their efforts to secure the best care of the patients, the trustees have had the willing and earnest co-operation of the Medical Superintendent and all his subordinates.

The trustees ask that the law may be amended and the appropriation for salaries be increased from eight to ten thousand dollars a year.

The items desired for the purposes specified are as follows :

New day-rooms.....	\$50,000
Walls and covered terraces for exercise grounds.....	5,000
Completion of park.....	3,000
Furnishing wards.....	4,000
Cesspools and sewage apparatus.....	8,000
Increased salaries.....	2,000

Having stated the progress made in the line of improvement, the requirements for the continuation of progress, and the changes which have occurred in the personnel of the institution, the trustees submit the whole to the candid consideration of the Legislature and people of the State, and hope that the evidence of good work, well performed, as set forth in their report, will sufficiently commend itself to the continued confidence of those who appointed them to positions of trust and whose servants they are.

CONTAGIOUS DISEASES.

M. Bouchardat, Professor of Hygiene in the Faculty of Medicine of Paris, has recently delivered, in his regular course, a lecture on "Contagious Diseases in Paris," which is published in the *Revue Scientifique* of September 22d, and of which we give the following abstract, taken from *The Sanitary Engineer*:

Contagious diseases are those which are caused in persons previously healthy by persons affected with the disease. The mode of propagation may be a mental effect, or imitation, as in epidemic chorea, or it may be by parasites or germs. They may be transmitted from animals to man, as in glanders and hydrophobia; but the greater number are communicable only by man, although it is very probable that some of these originated in the brute creation.

The majority of contagious diseases are transmitted by particles of matter forming a virus or miasm. The distinction between a poison and contagium is that the latter propagates itself, while the former does not, but is limited to the individual in its effects.

Organic liquids deprived of bacteria may have infectious properties in certain cases, and, on the other hand, the presence of bacteria has not been demonstrated in all infectious diseases, hence we are not authorized to consider these organisms as the sole agent of infection. If organic liquids in which no micro-organisms are found have contagious properties, either the organisms have escaped observation because of their tenuity, or the fluids contain organic poisons. If they contain only such poisons, the disease will not spread beyond the animal into which they are introduced; it is not contagious.

The fact that micro-organisms have not been demonstrated in certain contagious diseases of man may depend upon the period of observation, for the bacteria may have perished or been eliminated, leaving behind them in the blood certain poisons which they have secreted, such as the ptomaines, but these ptomaines are destroyed in the organism, and cannot act as carriers of contagion, unless they are associated with germs.

The theory has been advanced that there is not a specific parasite for each contagious disease, but that the ordinary bacteria acquire specific properties on an infected organism, and act as carriers of this specific element to a sound organism. It is possible to modify micro-organisms by varying the external conditions around them; but if they become infectious after having passed through an infected organism, they become practically disease germs, and there is no reason why the process should not continue.

The most important contagious diseases of Paris, such as small-pox, measles, typhoid fever, diphtheria, venereal diseases, and consumption, are due to parasitic organisms not yet clearly defined, and some of which

are absolutely unknown. But though they are unknown to-day, we believe they will be observed hereafter. It is not yet half a century since Cagniard de Latour opened the way by his discovery of the ferment of beer, and it is but very recently that Delafond, Davaine, Koch, and Pasteur have demonstrated the first bacterium of contagion, viz., that of splenic fever.

We have clinical characteristics of much value as indicating the action of as yet unknown parasites in certain contagious diseases, and, one of the most remarkable of these is what may be termed the sterilization of the affected organism by a first attack.

The first distinction to be made among contagious diseases which are transmitted by water, food, and air is that some of them are permanent in large cities, while others disappear from such localities for many years. The first are such diseases as measles, typhoid fever, etc.; the second such as Asiatic cholera, contagious dysentery, yellow fever, etc.

These last disappear, either because their parasites do not readily obtain the proper conditions for existence and propagation, or because they are less resistant to agents, such as ozone, etc. We may also suppose that they do not give birth to permanent spores, or that they cannot reproduce indefinitely, but that it is indispensable that they should start afresh from primitive foci.

The contagious diseases which are always present and are due to parasites, probably possess the property of giving rise to germinal corpuscles or spores, which are very resistant to external agents, and may remain in a state of quiescence for a very long time, and yet be revived when placed in suitable conditions. The parasites of the contagious diseases may be transmitted by inoculation, in which case we give the name of virus to the liquid which contains them, and the diseases produced are known as virulent diseases. They may be transmitted by air, food, or drinks, in which case the term miasm is applied to the solid particles which are the means of transmission. Nevertheless, the same disease, as, for example, small-pox, may be transmitted by inoculation or by the air, and we may without injury, abandon the old denominations, "virus," "miasm," "miasmatic diseases," etc., and adopt the general term of contagious diseases to cover the whole.

Fermentations of various kinds depend for their existence largely upon the presence of particular forms of nutriment. Some require an acid medium, others again only live in alkaline fluid; some must have oxygen, as, for example, the parasite of *charbon*, while oxygen kills or rapidly removes others, as, for example, the parasites of septicaemia. Some organisms consume the oxygen of the medium in which they live, and thus prepare it for the existence of other organisms which can only live in a fluid deprived of oxygen.

If, in a large cask or vat which has contained wine, but from which the liquid has been removed for several months, we place a quantity of old wine, it will usually happen that this wine will be spoiled by undergoing various kinds of fermentation, such as lactic, butyric, etc., which is due to the fact that upon the walls of the vessels there remain certain germs which permit these abnormal forms to develop. If, on the other hand, we introduce into such vessels either fresh grape juice or new wine in the course of fermentation, the alcoholic forms predominate, and the other secondary forms are destroyed in the struggle for existence. The parasitic causes of contagious disease may remain in the human body for a certain time without manifesting their presence by morbid phenomena, and the period during which they may thus remain, known as the period of incubation, differs for different diseases. In Paris, when large bodies of soldiers are brought there for the first time from the rural districts, it usually happens that measles and scarlet fever appear among them during the first two months, small-pox from the second to the fourth month, and typhoid fever in every

three to six months after their arrival. Of course there are many exceptions, but this appears to be the general order.

Our ability to prevent contagious diseases is still very limited, but we can now study the subject scientifically. In former days, the origin of contagious diseases was attributed to some mysterious essence—a *quid dicinum*. To-day, even if we cannot, with our imperfect organs and instruments, actually see the enemy and describe him, we can, at least, acquire great certainty as to his existence and presence.

The parasites of these contagious diseases of which one attack usually confers immunity from succeeding attacks of the same affection, are those which grow in the blood and sterilize it. It is often very desirable to take advantage of this immunity in attempting to control epidemics of such diseases as yellow fever or malignant typhus.

In conclusion, Professor Bouchardat remarks that we have already made considerable progress in our knowledge of means of preventing the spread of contagious diseases, and that their dangerous parasites may be deprived of a part, at least, of their powers for evil, by various modes of introducing them into the blood by attenuation and by heredity. We have now to continue the methods of observation and experiment which have, thus far, given us such good results.

STATE BOARD OF CHARITIES.

The annual report of the State Board of Charities says the value of property in charge of the Board is \$43,303,478. The receipts of the fiscal year ended September 30, 1883, were \$10,772,269; expenditures, \$9,983,037; number of persons under care October 1, 52,804. There were 11,343 insane persons in the various institutions of the State on October 1. The Board recommends the purchase of the Simpson farm, of 130 acres, adjoining the Willard Asylum, at Ovid, at a cost not to exceed \$100 dollars an acre.

The Board criticises the care of asylums in New York and Kings Counties, and recommends that the care of the insane there be placed in each county under a separate department, entirely independent of the Departments of Charities and Correction.

The average number of blind in State institution is 400. There are now six State institutions for deaf mutes, where 686 males and 513 females are cared for. The five reformatory in the State contain 3,295 males and 1,095 females. The earnings of these institutions were \$48,532, and the expenses \$262,277. The care of these juvenile delinquents is much below the proper standard. The total number of paupers in the poorhouses and almshouses of the State is 17,316, 8,522 being females. Their support cost, during the year, \$1,959,836. The number of persons receiving outdoor relief is 60,554; the amount expended, \$579,987. There are 184 orphan asylums and homes for the friendless, and their inmates number 42,643. The disbursements on their account were \$4,868,842, and the receipts \$5,353,927.

OBITUARY.

LUCIEN H. NORTON, M.D.

Lucien H. Norton, M.D., died at Bridgeport, Conn., January 2d, after a protracted illness, which terminated in a "hemorrhage of the brain."

By his death is removed the pioneer of homeopathy in Fairfield County, he having located in Bridgeport in the spring of 1847. In fact, he was the fourth homeopathic physician in Connecticut, and at the time of his death, antedated all the homeopathic practitioners in the State, with, perhaps, one exception (Dr. O. Sites), who commenced practice in New London about the same time.

Dr. Norton was born in New Marlboro' Mass., and graduated at the Berkeshire Medical College at Pittsfield, Mass., in 1843. During his student life the principles of homeopathy received a careful investigation at his hands, and on his graduation he became a student of Dr. Cook, then prominent in homeopathic practice in New York City. While pursuing his studies he opened an office in Paterson, N. J. On completing his preparations for the practice of homeopathy he located in Bridgeport, Conn., in 1847, being the only homeopath in Western Connecticut. He labored faithfully, battling his way alone in this city for twelve years, and built up a large and lucrative practice.

He continued in active business until a short time before his death, when he associated with him in practice Dr. C. S. Hoag. Dr. Norton was at the time of his death Senior Member of the American Institute of Homeopathy, having been admitted to membership in 1848, and was also one of the charter members of the Connecticut Homeopathic Medical Society. In 1860 he was married to the daughter of the Rev. P. T. Holley, and leaves a wife and two sons to mourn his loss. He was one of the most conscientious of men, true, and reliable under all circumstances, and leaves behind him a record of a well spent life, of noble deeds, of honest purpose, and an unstained character. *

BIBLIOGRAPHICAL.

TRANSACTIONS OF THE THIRTY SIXTH SESSION OF THE AMERICAN INSTITUTE OF HOMEOPATHY. Fortieth anniversary, held at Niagara Falls, N. Y., June 19-22, 1883. Edited by the General Secretary, J. C. Burgher, M.D. Pp. 1,178.

The volume before us opens with a photographic likeness of the President, Bushrod W. James, M.D., and the pages are filled with the usual variety of bureau work. It will be observed that the bulk is quite formidable, and from a cursory glance, we should say that the material is fully up to the average.

UTERINE THERAPEUTICS. By Henry Minton, A.M., M.D. Large 12mo, pp. 710. New York: A. L. Chatterton Publishing Co., 1884.

Dr. Minton lays no claim to originality in "Uterine Therapeutics," but we may claim for him a merit of more importance to the profession than originality, namely, that of collecting and collating from the experience of others, and thus making more available the fruits of that experience on the subject of uterine disease. His work is no hasty production, but the outcome of many years of study. "Every spare moment of the author's leisure since the inception of the idea, has been persistently devoted" to the building up of the work, he says. The author, with characteristic modesty, also states that he has submitted the work "to the criticism of professional friends, and such erasures, additions, and corrections have been made, as extensive research and observation seem to warrant." The author's idea has been to produce a useful book, one that shall afford the busy practitioner more ready resources in the homeopathic treatment of diseases of women. The homeopathic *Materia Medica* has become so cumbersome and extensive that a work such as the author's is a necessity; and we shall hope to see his work followed by others of similar character, treating of other classes of diseases. It is a necessity, we repeat, arising from the extensive and scattered condition of the homeopathic *Materia Medica*, or when not scattered, bound up in folios without system or method, and hence, unavailable to the busy practitioner.

The plan of the author in compiling his work has been to group the pathogenetic symptoms, as well as

clinical experience of the remedies, around certain abnormal conditions of the uterine system. For instance, beginning with Menstruation, the characteristic of the drug on that function, is stated under that rubric; then follow, in like manner, indications for the drug Before Menstruation, During Menstruation, and After Menstruation; then the characteristics of the drug for Amenorrhoea, Metrorrhagia, Leucorrhœa, and Lochia. Then, to complete the symptomatology of the drug, the author has given its Concomitants under that rubric. Each rubric is printed in a heavy cased letter, thus making it more easily discernible. There are three hundred and forty-nine drugs which have been thus treated, constituting part first of the work.

We would have been glad to see such "remedies" as *lac caninum* and *lac defloratum* left out of the work. It is an abuse of the homeopathic method of proving to make use of any form of food, as *remedies*. Food has no toxic properties, and, therefore, no drug properties. However that may be, the author, perhaps, felt that he had no discretion in the matter; that his province was not to produce remedies, but to collate them from such sources as were acceptable to the profession, or had received the profession's approval.

The second part of the work comprises the Repertory, one of the most elaborate full, and, therefore, useful repertoires in the English language. The author has taken great pains to classify the symptoms and indications of the remedies so as to make them available for ready reference. Taking every rubric of the subject under discussion, the symptoms are classified under each; then, again, as to conditions, as Mind and Mood, Sleep, Vertigo, Headache, etc.; then, under the names of the different parts of the body, as Head, Eyes, Nose, Face, Mouth, Throat, Stomach, etc., etc., to the end, giving also the characteristics of Aggravations, Amelioration, Times of Day, etc., etc., with cross references, to such an extent as to render the subject available to the dullest student.

Having said so much in praise of the work, it will not be out of place, perhaps, to say a few words in a different vein, for the critic must needs find a little fault with the best of things. On this occasion, however, he has only to complain of the proof-reading. The errors in the proof are not so numerous as is often the case with American medical books, but they are more numerous in the work before us than they ought to be. It gives one the impression that the work was hastily put through the press, which ought not to be the case with a text-book on any subject. Among the list of remedies we find no less than three, on page 12, spelled wrong. But typographical errors are not the only ones of which we have to speak. On turning the leaves of the book carelessly over we discover a few words wrongly used. For example, we read that "Sabina has an exalted position as a remedy for uterine hemorrhage," etc.; under *sepia*, a yellow saddle across the nose is given as a symptom of that drug, quoted from an imperfect translation of Hahnemann, probably; then we have *voluptuous* odor, *lascivious sensations*, whatever they may be. There is also a want of uniformity in punctuation, such as two sentences being divided by a comma, instead of a semicolon, and a period being occasionally used instead of a semicolon. There is also a want of uniformity in the use of hooks and brackets in noting parenthetical observations,—and here we stop, lest we be adjudged hypercritical.

As a whole, Dr. Minton's work has our heartiest appreciation. The author has left himself out of his pages, and filled them up with provings and clinical experience, which must prove of the greatest value to those who apply the law of similars in the treatment of non-surgical disorders incident to the uterus and its appendages. The work is handsomely printed on clean white paper, clear type, and substantially bound, altogether doing credit to the Chatterton Publishing Company.

THE PHYSICIAN'S COMBINED DAY-BOOK AND LEDGER.
By H. T. Hanks, M.D., New York. Muslin, round leather corners and back. In two sizes, of 300 and 500 pages respectively. Price, smaller size, \$4.50; larger, \$5.50. J. H. Vail & Co., Medical Publishers, 21 Astor Place and 142 Eighth Street, New York.

This account book for physicians, is presented to the profession by the author, after a careful and systematic trial of the various methods hitherto in use. The busy practitioner who keeps his own books will find it superior to any other system. The least possible expenditure of time in keeping the accounts legibly and correctly, and the use of as little space as is consistent with accuracy and specification, are the two important factors which a physician's day book or ledger should possess.

The author claims to have arranged in this book the most exact and perfect labor-saving system of book-keeping ever devised for the use of a physician. Its advantages are :

1. There is no waste of space. The account can be continued from year to year without re-entering, until sixty-five charges are made.

2. The account is easily followed by means of the heavy blue lines which instantly direct the eye. The character of visit, member of family attended, if designated, and the several dates of debit and credit accounts are comprehended at a glance.

3. The entries are made with facility. Daily or weekly charges may be made, and if necessary, minutely exact. This convenience will at once commend the book to the busy practitioner.

4. The book is Day-Book and Ledger combined. Entries once made are final. No transfer or extra posting to another book is required. Possible mistakes are thus avoided and much valuable time is saved.

5. The book is equally well adapted to the needs of a city or country physician; to one with few or many patients. The space between the upright lines can be made to contain the amount of debit and credit accounts for a day, a week, or a month.

6. The sign for "Bill sent in" can never be mistaken for that for "Account settled." Both signs are equally distinct, simple, unique and serviceable. The upper loop of each "letter sign" is intended to contain the amount of credit and discount, while the lower loop contains the amount charged.

TRANSACTIONS OF THE HOMEOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.
Nineteenth Annual Session. 1883.

This volume of 382 pages covers a vast amount of interesting matter, which deserves a wider reading than it will obtain, and which the journals could give. We are in doubt whether this method of publishing the doings of societies is the best, notwithstanding the fact that the mass is an honor to the society which issues it, and shows at a glance the work that is being done.

MANUAL OF PRACTICAL HYGIENE. By Edward A. Parkes, M.D., F.R.S. Vol. II. And DISEASES AND INJURIES OF THE HORSE. Edited by F. O. Kirby. Closing Wood's Library of Standard Medical Authors for 1883.

The two volumes of Dr. Parkes' touch upon almost every department of hygiene, and form a manual which, for general information upon the subjects treated, is unsurpassed by any work before the public.

Dr. Kirby's work on the horse is finely illustrated with four colored plates, and one hundred and sixty-eight wood engravings. The editor has presented in a very clear and readable manner, the pith of the best treatises on the subject published, adding many valuable thoughts—the natural outgrowth of many years of practical experience.

The enterprise of William Wood & Co., in placing works of such excellence as are found in their libraries of standard medical authors at a price which places the cream of medical literature within the reach of all, deserves more than passing commendation. Such enterprise contributes largely to the elevation of the profession.

THE KEY NOTES OF MEDICAL PRACTICE. By Ch. Gatchell, M.D., formerly Professor of the Theory and Practice of Medicine, University of Michigan, and Physician to University Hospital; Attending Physician and Clinical Lecturer to Cook County Hospital, Chicago, etc. Illustrated. Chicago: Gross & Delbridge. 1884. Pp. 172.

This little book is intended as a pocket companion to aid in "the management of the most pressing emergencies." The text is very concise, most suggestive, practical, reliable, and fully bears out the title.

THE MANUAL OF HYGIENE FOR WOMEN AND THE HOUSEHOLD. By Mrs. E. G. Cook, M.D. Illustrated. Issued from the Hygienic Publishing Co., No. 917 Broadway.

One of the most cheering signs of a good time coming for humanity is the increasing attention given to hygiene and the laws of health. These signs are apparent in the medical literature of the day, in the daily teachings of schools and colleges, in laws against the adulteration of food, and in the increased attention given to the fuller culture of the race, mentally, morally and physically.

Mrs. Dr. Cook's work, prepared carefully for mothers and daughters, is a manual of hygiene for women and the household, as its title sets forth.

It treats of the importance of physical culture, and of hygiene. The chapters on "Intemperance" and "Tobacco" are especially worthy of note. In fact the whole book is full of warning and sound instruction. When women awake to the realization of the fact that violation of Nature's laws entails disease and misery, not only on themselves, but on their descendants, we may hope for a reformation.

Such books as this Manual are to be welcomed as helpers-on in the good cause of uplifting and perfecting humanity.

A TREATISE ON UTERINE DISPLACEMENTS. By S. J. Donaldson, M.D., of New York. Second Edition. Revised. Boston, Otis, Clapp & Son, 1883. Pp. 84, octavo. Illustrated.

The perusal of this little work must convince any unprejudiced reader that its author is a practical, common-sense thinker, without "hobby," and one thoroughly familiar with his subject. His mode of attacking accepted notions, and concerning certain diagrams, which have been copied without question from time immemorial, show critical study, with original research, which serve as reliable foundation for his bravery in the attack. The whole subject is treated in so novel, original and interesting a manner, that we advise every reader to procure a copy, read for himself, and he may be sure of being benefitted by so doing.

The fact that a second edition is demanded so soon after the issue of the first, shows with what favor the book has been received.

COUGH AND EXPECTORATION. A Repertorial Index of their Symptoms. Edited by E. J. Lee, M.D., assisted by George H. Clark, M.D. New York: A. L. Chatterton Publishing Co., 1884. 8vo., pp. 202.

A very complete repertory, which has already appeared as an appendix to the "Homeopathic Physician."

A TREATISE ON BRIGHT'S DISEASE OF THE KIDNEYS; its Pathology, Diagnosis and Treatment, with Chapters on the Anatomy of the Kidneys, Albuminuria and the Urinary Secretion. Pp. 246. By Henry B. Millard, M.D., A.M. Published by Wm. Wood & Co., 1884.

It is somewhat a relief to now and then chance upon a new book not born of scissors, with its fragments stuck together by a more or less adhesive cement of supposition.

It is but fair to acknowledge that in this age no literary work can be entirely, or even in major part, really new, even though it be original with the writer; a work really new is a rare phenomenon. As a rule, improved arrangement and greater clearness of expression, together with a reasonable amount of individual research and verification, are all that should be expected, and this is far more than is generally realized.

As for the volume before us, no one who is conversant with its topic, and who is honest, can rise from its perusal without conceding to it the marks of thoughtful arrangement, of clearness and conscientious labor. Nor is this all. Besides individual research, it presents original and new contributions to anatomico-pathological science. These characters have been officially recognized in authoritative quarters already.

Of the twenty-four illustrations, twenty are original with the author. There is no other work which the writer now calls to mind wherein the microscopic anatomy of the renal epithelia and that of the rods of Heidenhain are so fully considered as a result of personal, and in a measure original, investigation. The same is even more true as regards the endothelia of the renal tubules.

The importance of a fuller recognition of the frequent existence of physiological albuminuria is also dwelt upon—a matter which must often be the turning point in the question of diagnosis. There is also presented a close investigation of the mode in which albumen and salts are separated from the blood, and the location at which this separation is effected. The author does not state whether his views coincide with those of Mariano Semmola, Professor at the University of Naples, who, in a *Mémoire*, maintains that the albumen in Bright's disease is of a special kind and has origin in a blood-change, in short, that the disease is one of the blood, the renal diseases being only its localization. (A *résumé* of the *Mémoire* may be found in the *Archives de Physiologie* for Jan., 1882, page 59 *et seq.*).

The various forms, or rather grades, of nephritis are clearly delineated, and the author states it as his conviction that they are different grades rather than independent forms, and his reasons for such views appear in every way logical.

In treatment, the writer abstains most positively from anything in the least theoretical. He advises such remedies as have beyond doubt been found serviceable in actual practice, drawing freely and indifferently from any well-conducted experience, irrespective of pathies, and he has wisely avoided all pharmacy technicalities which are not universally understood.

All in all, the work is a timely one. It supplies a place which was comparatively vacant, and it imparts to the reader a sense of its reliability. Its concise, practicable directions for chemical examinations, and its suggestions as to climate and various mineral waters, are of no minor value.

The literary style is distinctive of the author, who seems to be an earnest thinker, and one occupied more with his subject than with the frills of language.

The book can hardly fail to become one of reference for the profession generally.

THE CENTURY MAGAZINE.—Many noted names lend weight and importance to the table of contents of the February *Century*, either as subjects or as contributors

to the number. In the frontispiece is given one of Rembrandt's most effective paintings, engraved with a skill that has seldom been excelled in the magazine. This painting, "The Head of a Man," is from "The Hermitage" in St. Petersburg, containing a remarkable but little known art collection, of which Richard Whit- ing gives a description in the same number.

Signor Salvini contributes his "Impressions of Shakespeare's 'Lear,'"—a paper which shows how deeply the actor has studied the poet, and with what thought and elevation of purpose he approaches the Shakespearean drama.

NORTH AMERICAN REVIEW FOR FEBRUARY.—The question "Must the Classics Go?" is discussed by Prof. Andrew F. West, of Princeton College, who presents a very forcible argument for the retention of Greek and Latin in the curriculum of our educational system. "Race Increase in the United States," by Congressman J. Randolph Tucker, makes a very substantial contribution to sociological science. The Rev. M. J. Savage, in pointing out sundry "Defects of the Public School System," advances certain views of the ends to be attained by State education, which, if accepted, would very materially modify, and, indeed, revolutionize the existing system. Finally, an important question in hygiene, "Rival Systems of Heating," is treated by Dr. A. N. Bell and Prof. W. P. Trowbridge, who point out the advantages and disadvantages from the standpoints of both economy and of health, of the different methods in use for warming houses.

AN OBSTETRIC MENTOR. A Handbook of Homoeopathic Treatment Required During Pregnancy, Parturition, and the Puerperal Season. By Clarence M. Conant, M.D. New York: A. L. Chatterton Publishing Co. 1884. Pp. 212, 12mo.

A most excellent and useful little book for the obstetrician, and contains much information in addition to the indications for the use of drugs in the various affections of which it treats.

CORRESPONDENCE.

HAMAMELIS IN VARICOSE VEINS.

MESSRS. EDITORS: Old school writers often appear at a disadvantage from their lack of familiarity with the literature of homoeopathy. Dr. J. H. Musser, in a recent paper, before the Philadelphia County Medical Society, calls attention to the curative action of *hamamelis* in varicose veins. The paper is illustrated by cases from the practice of the author and his friends, and is evidently put forth as descriptive of a new mode of treatment. By consulting homoeopathic writers the Doctor might have learned that *hamamelis* has been known to medicine for thirty years; that its uses and sphere of action are well understood; and that among the former are its application to the treatment of varicose veins in the manner described by Dr. Musser, differing, perhaps, only in the doses employed. These facts would, however, if acknowledged, have detracted much from the author's claim to originality, and would seriously have affected the character of the reception which the paper enjoyed at the hands of the distinguished society to which it was presented; for anything savoring of homoeopathy could never have been tolerated by the "Old Coders" of the Quaker City. Nevertheless, the Doctor might have made a better paper and illustrated it by more numerous successful cases, had he allowed himself to glean from homoeopathic sources.

In discussion of the aforementioned paper, Prof. Bartholow said: "The active ingredients of the drug are *tannic* and *gallie acid*, and in these rests the utility of *hamamelis*." Concerning this very matter, Dr. Richard

Hughes (Pharmacodynamics, 3d Ed., page 393) says: " *Hamamelis* certainly does not owe its virtues to the tannin which it contains, for it acts well in the second and third attenuations, whose infinitesimal proportions of tannin could hardly prove astringent." Thus another gentleman was at fault from his lack of acquaintance with homeopathy and its literature.

Other gentlemen, in discussing the paper, were at a loss to explain the success of the drug in some cases and its failure in others. This is a constant stumbling block to our old school friends, and leads them to abandon many a useful remedy. It is a matter which, however, they can never fully understand till they abandon their old methods and pursue their studies under guidance of that true law in therapeutics—*similia similibus curantur.*

GEORGE ALLEN.

WATERVILLE, N. Y.

OUR LONDON LETTER.

MESSRS. EDITORS:—The annual gathering of the homeopathic practitioners of Great Britain took place this year at Matlock Bath; though the attendance was not large, the meeting was a success. Matlock is charmingly situated among the Derbyshire hills, and a perfectly beautiful day rewarded those who contrived to be present. The presidential address of Dr. Moore was warmly received. Papers of interest were read and discussed. The Hahnemann Publishing Society reported good progress, and promised a volume shortly. Cambridge was selected for next year's meeting, and Dr. Hayward, in spite of his modest attempt to refuse the honor, was chosen President. The meeting could not have chosen better.

With October the various medical schools resumed their work, and the introductory lectures were delivered, or conversations held, at the London schools on the 1st. There was nothing very startling, but the cry for peerges again went up from St. George's Hospital. It would be more to the dignity of the profession if they waited till this cry rose from the outside.

On the 2d of October the Hahnemann oration was delivered by Dr. Blomberg, at the London School of Homœopathy. The title was "Hippocrates and Hahnemann"—the former taking precedence in time, but not, according to Dr. Blomberg, in genius. The lecturer considered these the two greatest names in medicine, but Hahnemann's the greater of the two.

This afternoon Dr. Burnett commenced his course of lectures on the *Materia Medica* by an introductory address on "Our Duty." It was well attended.

The British Homeopathic Society held its first meeting of the session this evening. The names of seven candidates for membership were read—a comparatively large number. Dr. Hughes' proposed condensed way of presenting the record of provings, exemplified by *Sulphur in the Annals*, was discussed and generally approved. The impossibility of pleasing everybody, or even anybody, entirely, was acknowledged, and the practicability of Dr. Hughes' plan was felt to be greater than any other.

Another veteran has fallen from the too thin ranks of British homeopathists. Dr. George Hilbers died suddenly at Brighton, on the 30th of October, in the 66th year of his age. He died in harness; on the day preceding his death he was out seeing his patients as usual. His loss will be widely felt among his large circle of patients and friends; and his striking presence—very tall and commanding, with something of the picturesque—will be missed by many more who knew him only by sight. He was a most successful practitioner, and his success is not without its lessons for a younger generation. Dr. Hilbers was emphatically one of the olden school. Educated before the era of stethoscope and thermometer he remained very much a despiser of those instruments to the last. It

is difficult for those of us who never knew the want of these to understand how the older men ever made successful diagnoses; and yet, when we consider that men like Sydenham were very well able to recognize diseases, and to interpret their symptoms correctly—quite as well as some moderns—our surprise at the success of men like George Hilbers diminishes; we are reminded that diagnosis is an art which may be practiced by different methods, and is not dependent on any particular instrument, but on the correct appreciation of all the signs and symptoms of disease recognizable by the senses. George Hilbers had little respect for the pathological theories of diseases which are so readily started and so soon disputed in these ultra-scientific days, and which some regard of greater importance than the facts they seek to interpret; and while Hilbers scorned theoretical pathology, he had no less scorn for all attempts to explain medicinal action. The "depression" or "exaltation" of hypothetical "centres" in various parts of the organisms, to which so many of the phenomena of drug action are now ascribed, was to him the sheerest nonsense. He preferred the symptoms as they stood, without any attempt at explanation; and these he took for his guide. His knowledge of the *Materia Medica* was very deep, and his success in practice undoubted.

The two chief offenders in the way of appropriating remedies from the homeopathic *Pharmacopœia*, without acknowledgement, in this country, have just got into trouble. Dr. Ringer, whose "borrowing" powers are known to be unequalled, and Dr. Murrell, who "discovered," a year or two ago, that *glonoin* was a useful medicinal agent, and whose "discoveries" has covered him with glory among his blissfully ignorant colleagues, lately published, jointly, a paper in the *Lancet*, setting forth the poisonous properties of *nitrite of sodium*. They told how they had poisoned frogs and cats with this drug; and then, in the childlike innocence of their hearts, they went on to tell how they had given this cheerful substance to forty-seven *hospital patients*, with the highly satisfactory result of making the most of them excessively ill. The paper has created a sensation; and no wonder. If it was not a case of deliberate experimenting, it was a piece of exceedingly curious practice. It raised a discussion in the public press, and will, no doubt, cause a serious reduction in the subscriptions to hospitals. Subscribers don't give their money to be spent in that way.

One of the strangest thing was the attitude of the medical press in regard to the question. Nothing could show more plainly the complete want of ruling principle in regard to what is, and what is not, right conduct. One paper, the *Medical Press and Circular*, said they were quite right to experiment on the patients—it was necessary, and their solemn duty. Another, the *Medical Times and Gazette*, condemned them in the strongest terms, as "useless and cruel;" adding, however, that they would have said nothing about it if it hadn't been for the anti-vivisectionists, whom they wished to forestall. The *British Medical Journal* had nothing to say until after the appearance of Dr. Murrell's second "explanation"—in his first he had said nothing about the diseases of the forty-seven experimentees; he discovered afterward that they all had "angina pectoris or its allied diseases." Even one man, described in the original paper as "suffering from a little rheumatism only," he afterward found had symptoms "closely resembling angina pectoris." This exceedingly "thin" explanation the *British Medical Journal* thought perfectly satisfactory, and seemed to imagine that the illustrious discoverer of *nitro-glycerine*, as a remedy, ought to be above suspicion, and to be at liberty to do what he liked with any other kind of medical dynamite. With the exception of the *Medical Times and Gazette*—and it spoiled its protest by giving its motive—not one had a word to say in behalf of the unfortunate patients who were more or less severely poisoned; not one had the courage to say, "This is wrong; we cannot defend it." It

would seem there is no place for right and wrong in medicine; it is all prejudice and expediency. The profession is to be maintained at any price, whether the public die or get well. The *Medical Press and Circular*, in April last, delivered itself of this sentiment, which raised no protest: "It cannot be gainsaid that the attendant's duties to his profession are a higher claim than any advanced by the men and women who come to him for cure and relief!" Noble, truly! and worthy of a "noble" profession!

By the way, the British Medical Association is still hankering after seats in the House of Lords! Surely, we are in danger of earning the title of "The Snobbish Profession," if this is to continue. Nearly all the British nation is saddened by the acceptance of a peerage by our noble poet-laureate; we all loved Tennyson, as we can never love Baron Tennyson d'Eyncourt. But the *British Medical Journal* is not saddened; it is rejoiced and elated. After poets—physicians, surgeons, and hygienists! Only, in British medical ideas, these last ought to have come first, and the poets after them; for the poets are not so well qualified for lordly functions as the others. The British Medical Association may well entertain such high opinions of its own members—it will be long before it persuades the world to share them; and the more it tries, the more it won't succeed. We all feel that Tennyson is lowered by his acceptance of a seat in the House of Lords; that whatever the House of Lords may gain, Tennyson and his country loses. Could the same be said if, say, the editor of the *British Medical Journal* was raised to the peerage? The feeling would, no doubt, be—just the reverse.

Yours, fraternally,
JOHN H. CLARKE, M.D.

15 St. George's Terrace, Glos'ter
Road, S. W. December, 1883.

MICROBOMANIA.

MESSRS. EDITORS:—Ever since the publication of the "researches" of Pasteur and Koch into the nature of *microbes*, *bacilli*, *bacteria*, etc., the profession has had a perfect mania for *bacilli* hunting, resulting in the alleged discovery of a separate "germ" as the cause of almost every disease to which flesh is heir. The "germ theory" is the latest fashion in medicine, and bids fair to revolutionize, if it has not already done so, the generally received opinions in etiology and pathology. Already surgery has wheeled into line with its "antiseptic" treatment; and therapeutics promises to follow suit with the administration of "germicides" for the extermination of the *microbes*, which are affirmed to be the cause of disease. "Preventive medicine," acting on the Jennerian hypothesis, proposes the cultivation of germs with which to inoculate the healthy—that is to say, it proposes to prevent and arrest corruption by inoculating with corruption those who are already healthy and clean. Small-pox is no longer to monopolize "vaccination;" but must be content to share it with scarlatina, diphtheria, typhoid, tuberculosis, erysipelas, measles, cholera, malaria, whooping-cough, and probably the whole catalogue of diseases; for, if the "germ theory" be correct, its universal application in the causation of disease is only a question of time. There can be no doubt of its being shown to produce gout and ophthalmia; epilepsy and osteomalacia; rheumatism and hydrocele; pneumonia and abortion; St. Vitus' dance and urticaria; pson's abscess and *tie douleureux*; hysteria and varicose veins; nymphomania and the "jim jams"; molluscs cerebri and microphobia, etc., etc. The latest "scientific" therapeutics are "germicides" and "cultured virus," (See Tyndall's "Methods and Hopes of Experimental Physiology," Pasteur, Koch, etc.) There is no longer any necessity for medical colleges or medical text books. All that is required is a vial of Pasteur's "cultured virus," at fifty

francs a vial, and a bottle of "germicide." "Throw physic to the dogs!" All that need your watchful care are vermifuges, germifuges, subterfuges, and—FEES. The *sine qua non* for a fashionable "scientific" physician is perfection in microbiology, the *ultima Thule* in physic. Don't forget the "cultured virus" dodge; but vaccinate and re-vaccinate every mother's son (and daughter, too) on whom you can lay hold. The ladies will especially bless you, because "it is so nice, you know; and those 'microbes' are so cunning. Besides, it is 'bad form' to oppose the profession, you know, at least *my doctor says it is*, and he is 'dreadful' smart."

The following will serve as a basis for a scheme to work the "cultured virus" dodge:

First Week—On Sunday vaccinate for scarlatina; Monday, small-pox; Tuesday, diphtheria; Wednesday, measles; Thursday, cholera infantum; Friday, typhoid, Saturday, the "jim jams."

Second Week—On Sunday vaccinate for pneumonia; Monday, erysipelas; Tuesday, tuberculosis; Wednesday, syphilis; Thursday, gout; Friday, *tie douleureux*; Saturday, microphobia.

This outline is capable of considerable extension, and can be made to encompass the whole year. When you get through the list of diseases, commence re-vaccination in order to protect your patrons and—yourself. "There's millions in it." If the "ignorant" object to be scarified, you will urge the enactment of sumptuary laws compelling them to have the microbes, and then your fortune is made, *cito, tuto et juvade*.

January 1, 1884. "FRANK ENGLISH," M.D.

P. S.—Since the above was written a new germ has been discovered, and threatens to cause a dangerous epidemic. It is the *Bacillus lunaticus medicus*!

January 5, 1884. "F. E."

SOCIETY REPORTS.

THE MEDICAL SOCIETY OF NORTHERN NEW YORK.

PART II.

SICK HEADACHE.

Dr. Farley stated that he had been very successful in mitigating, and in some instances entirely suppressing, violent attacks of sick headache, by means of *gelatinum*, in the form of pills, containing an eighth of a grain each, given at intervals of half an hour to four hours.

PLEURO-PNEUMONIA.

Case reported by Dr. C. J. Farley. The following typical case resembles many that occurred in my practice during the winter and spring of 1882 and 1883.

Miss C., aged 21, light hair, blue eyes; has been an invalid from bronchial trouble and spinal irritation for a year or more. Was attacked suddenly, February 10th with chill, fever, thirst, stitching pain in the right side about the middle of the lung; pulse 120; temperature 103; tongue coated, cough, which was soon followed by the characteristic brick-dust sputa.

Treatment.—Prescribed *aconite* 1st, fifteen drops, *veratrum vir.* tincture, ten drops in combination, in a tumblerful of water. *Bryonia* 1st, ten drops, were put in another tumbler. These were given in alternation, during the first twenty-four hours, at intervals of thirty minutes, after that time at hourly intervals. A *mustard* paste was applied to the right side of the chest, followed by a *flaxseed* poultice, which was to be applied hot, and a fresh one hourly. The patient was allowed to drink freely of *slippery elm* water.

Visited the patient daily for three weeks. The remedies were changed as varying conditions indicated. *Bryonia*, *phosphorus*, *arnica* and *rhus tox.* were the principal remedies used. I have no special reasons for

giving *aconite* and *veratrum vir.* in combination, except that they seemed to act better than *aconite* alone.

OBJECTIONS TO THE USE OF QUININE AND OPIUM IN THE TREATMENT OF PNEUMONIA.

Dr. M. O. Terry, of Utica, communicated a paper, entitled "A Growing Error Regarding the Nature of Pneumonia; Objections to the use of *Quinine* and *Opium*," in which was briefly pointed out, from a physiological point of view, the danger arising from the immoderate use of *quinine* and *opium* in cases of bronchial and pulmonary congestion and inflammation. The following quotations are pertinent:

"There appears to be a prevailing sentiment on the part of the most careful and painstaking observers in support of the assumption that pneumonia is a constitutional rather than a local disease. Some of the ablest authors propose the question: 'Is pneumonia an inflammatory affection, or is it a general disease with a local manifestation?' This question is prompted by doubt having its origin in the uncertainty of the prevailing treatment as recommended by Bartholow and others.

"It is not my purpose to enter minutely into the causes, conditions, or diverse clinical phenomena of this disease. My aim is simply to show that erroneous conclusions prevail regarding the essential character of the disease, and these have led to a form of treatment which is frequently unsuccessful and in many cases disastrous.

"Those who are familiar with disease will not wonder that constitutional symptoms occur with a temperature continued for a length of time considerably above the normal point. In a very large proportion of cases the treatment of pneumonia is a very simple matter, and when appropriate, promotes an early termination by resolution. It follows then that when an unfavorable result obtains, the decided probability is that the treatment employed instead of promoting resolution may have been a principal contributing cause to the fatal termination. It is also probable that those witnessing this result mistake the effects of treatment for constitutional disturbances, hence the erroneous conclusion that the disease is a general, not a local one." * * * *

A review of these quotations shows that, if let alone, sixty per cent. of all cases of pneumonia terminate favorably by crisis between the fifth and eighth days, and that, inferentially, the remaining forty per cent. are to be subjected to the foregoing treatment, which, the author (Bartholow) freely admits has *no specific influence*; treatment, therefore, we may reasonably conclude, may, and often does, actually contribute to a fatal termination.

In my opinion there is little reason to doubt that the fatality is mainly due to the indiscriminate use of *quinine* and *opium*, which remedies in full doses are almost uniformly used in the treatment of this disease by a large majority of the practitioners of the present day. * * * *

Here we have strong cumulative evidence against the administration of a remedy (*morphine*) in common use, yet one that is resorted to in the treatment of pneumonia, no doubt quite as frequently as any other by a majority of the medical men engaged in active practice throughout the country.

It is scarcely necessary for me to recapitulate that a remedy which produces slow, noisy and labored respiration, a dry mouth, throat, larynx and bronchi, a rise in arterial tension, an arrest of the secretions of the mucous surfaces, and which "certainly disposes to pulmonary congestion," should not be administered in cases of pneumonia under any circumstances.

The author severely criticises the indiscriminate use of *quinine* for nearly every known disease, and states: "It has finally come about that *quinine* is at present considered the most popular, indeed, the sovereign remedy vouchsafed to mortal man for the cure or alleviation of almost all the ills that flesh is heir to." He then continues:

"And now a word regarding the indiscriminate and improper use of *quinine* in the treatment of pneumonia. In view of the statements showing that in order to obtain the desirable results sought for, comparatively large and repeated doses of *quinine* are required; and also in consideration of the fact that continued auditory sounds have been frequently produced, and marked deafness, incurable in character, has been brought on by these necessarily large doses of this drug; and also that, even when the condition for which it is given is secured, viz., the reduction of the temperature, the disease is by no means removed, for, according to the authors quoted, Bartholow, Phillips and Stillé, it has no specific curative influence over pneumonia, I think I have given sufficient reasons for discontinuing the use of a remedy having only a negative value."

I will add, in conclusion, that it is not my purpose to suggest appropriate measures. I wish merely to point out what seems to me to be a real danger attending the ordinary treatment of pneumonia as at present practiced by a large proportion of the medical profession, in so far as the treatment involves the use of *quinine* and *opium* in the enormous doses referred to in this brief paper.

BACTERIA IN PHthisis.

Professor William Hailes, Jr., gave a very interesting and instructive lecture, in the course of which the various processes for the preparation and mounting of slides of sputa or any other animal secretion for microscopical examination, were minutely and plainly described and practically illustrated, step by step. Microscopical exhibitions of the bacillus of phthisis pulmonalis, both low and high powers, were also given.

Fungoid growths become an indirect source of disease, by irritating the tissues and absorbing therefrom elements which are required in order to maintain the parts in health.

The rapidity with which these germs multiply, under favoring conditions, accounts, in part, for the malignancy and obstinacy of some zymotic diseases, diphtheria and typhus being examples.

In the treatment for the removal of fungi, it is essential to apply germicides of sufficient strength, yet not so strong as to irritate the tissues of the body, made more highly sensitive, it may be, by the presence of these foreign growths.

OBSTETRICS.

ANTE-PARTUM TREATMENT.

A communication received from Dr. H. M. Dayfoot, of Rochester, embodies the following general statements of special interest:

"It was evidently intended that pregnancy should be a normal condition, yet many a woman dates the beginning of her physical ills from the commencement of gestation. Whether this is due to the violation of the laws of her being, the habits of modern life, or the influence of heredity, the fact remains the same; and the resources of the physician are often taxed to alleviate the suffering which the condition entails.

"At other times, through ignorance or indifference, the pregnant woman struggles bravely through to the bitter end, without a murmur, either shrinking from asking relief or doubting that it could be obtained.

"The question then arises, can we do anything to mitigate the ills and discomforts of gestation, or rob childbirth of any of its terrors? The field of investigation is a broad one; the records scanty; the means at our command limited, and the value of them still undetermined; but the results sought for are of so much moment, that a slight practical contribution may be pardoned, even if no new light is given.

"In recalling my experience of sixteen years of active practice, in which I have enjoyed at least an average amount of obstetric experience, I find that fully seventy

per cent. of the cases of dystocia have been those in which my professional services were first demanded at the hour of labor.

" When consulted at the beginning of pregnancy I am confident we can do much to make life worth living, during the long months of gestation; and so, without apology or comment, I outline the course of procedure which I usually adopt for a few of the more common ailments, using a case or two by way of illustration.

"GENERAL DIRECTIONS REGARDING REGIMEN.

" When consulted before confinement, it has been my habit, for several years, to recommend a general line of procedure, varied only when unusual morbid phenomena demand special attention.

" *Exercise.*—The regimen is about as follows: Daily, gentle and agreeable exercise in the open air, and moderate share of housework, the amount to be gradually diminished as the end of the term approaches.

" *Sitz Bath.*—The use of the *sitz* bath should be resorted to at the beginning of the seventh month, taking one bath a week, and gradually shortening the intervals until the month previous to labor, when a daily bath may be taken. The temperature of the water should be about 90°, and the best time just previous to retiring. The duration of the bath may be from ten minutes to half an hour.

" *Diet.*—The diet should consist largely of vegetables and fruit, avoiding pastry, coffee, highly seasoned food, alcoholic, narcotic, and other stimulants.

" *Remedies.*—The inunction of *sweet oil* or *vaseline* is frequently of service for the relief of abdominal distension during the latter months of pregnancy. Lastly, the exhibition of *macrotin* 2d, morning and evening, after the seventh month.

" That this course of treatment, faithfully carried out, will place the pregnant woman in the best possible condition for delivery, has been demonstrated to my satisfaction time and again. An isolated case proves little, but frequent repetition carries conviction. While I could multiply cases, I will conclude with the history of one of recent occurrence.

" A mother of three children, finding herself pregnant the fourth time, invoked my aid against a repetition of her former difficult labors. I gave the patient full directions regarding regimen, diet, exercise, etc., and the usual supply of medicine, and awaited results. In due time the patient was awakened from a sound sleep, and hurriedly sent her husband for me; before he reached my residence, however, the child was born. I arrived just in time to remove the placenta and secure my fee.

" This lady assured me her entire labor consisted of two pains. Her recovery was perfect; in fact, I had the greatest difficulty in keeping her in bed the required time. To-day her child is the healthiest and happiest specimen of its size in the city.

" MORNING SICKNESS.

" Among the sympathetic derangements of pregnancy, none is more common or more productive of distress and discomfort than nausea and vomiting, usually termed 'morning sickness.'

" Here we have found our remedies of signal benefit, and can generally secure an alleviation of the symptoms, if not complete relief. I have employed for this condition, *ippecawhanha*, *nux vomica*, *iris versicolor*, *creosote*, and *arsenite of copper*, and have rarely had occasion to feel the want of other medication.

" One of the worst cases I ever saw came to me after the usual line of treatment had been exhausted, and a grave prognosis given. I found the patient unable to retain the slightest nourishment, with continuous retching, profuse salivation, fetid breath, loss of sleep, profound exhaustion, with a quick, thready pulse. *Creosote* 3d, was exhibited with the happiest result, and *iris versicolor* 1st, completed the cure.

" In a few obstinate cases I have resorted to the application of *belladonna* to the os, *iodine*, or the *ice bag*, to the epigastrum. I would also advise milk peptonized by Fairchild's pancreatis for a suitable diet.

" PTYALISM.

" This very distressing accompaniment of pregnancy has baffled the skill of our best physicians. As eminent an authority as Playfair, states: 'They (ordinary remedies) may all be tried in turn, but none of them can be depended on with any degree of confidence.'

" In *jaborandi*, however, we have a sovereign remedy. Its peculiar action on the cutaneous and glandular secretions is well known, and call attention to the utility of the drug in this affection.

" After taking one and a half drachms of the fluid extract, my friend, Dr. Spencer, expectorated three pints of saliva in two hours. In order to obtain its therapeutic effects, we use it in five or ten drop doses of the first decimal dilution, three or four times a day. Its action is prompt and decided.

" CONSTIPATION.

" This condition is a very frequent accompaniment of pregnancy, often being present in women who have never before suffered from it. *Nux vom.* at night, and *sulphur* in the morning, the sixth decimal trituration of each, together with a proper diet, generally gives relief. In my experience, this old and favorite prescription is more frequently indicated than any other; in some instances, however, it is necessary to make a close study of the case, and select the remedy according to the totality of the symptoms. As an accessory, I have seen great benefit from an injection of sweet oil per rectum at night.

" PRURITUS.

" When caused by an acrid leucorrhœa, often yields to the *sitz* bath, vaginal injection of warm water and castile soap, the topical application of a solution of *borax* and the exhibition of *sepiæ* 12th. If dependent on ascarides, a wash made from an infusion of *tobacco* often gives relief. At times, a preparation of *almond oil* and *chloroform*, is an excellent palliative. When the pruritus extends beyond the vulva, I have found the *bromide of potassium* in generous doses useful, by diminishing the general hyperesthetic condition of the nerves."

" ALBUMINURIA.

Mercurius Corrosivus in the Treatment of Albuminuria.—Dr. E. Hasbrouck, of Brooklyn, presented a paper entitled "Clinical Notes," as follows:

" For several years past *mercurius corrosivus* has been with me a favorite and useful drug in the treatment of albuminuria occurring in pregnant women. Other drugs are sometimes indicated, and have been used, but *mercurius cor.* is the one above all others that has most frequently been used by me, and it has given the most satisfactory results. So happy have been those results that I have formulated an opinion, which possibly may not be substantiated by any process of reasoning from physiological or pathological standpoints; but nevertheless, my experience with the drug named, in this particular disease, has led me to believe that a continued use of it is probably an important factor in the prevention of puerperal convulsions in those patients in whom, from diminished urinary secretion containing large quantities of albumen, extensive oedema, together with various nervous and toxic symptoms, we usually apprehend danger in that direction.

" The benefit to be expected from the treatment of a case of this kind with any drug, is an increase of the quantity of urine secreted, and a decrease of the amount of albumen contained therein. If successful in the accomplishment of these objects, a subsidence of the nervous and toxic symptoms would naturally ensue.

Such have been the usual results following the use of *mercurius corrosivus*. But I have seen cases where, from the alarming character of the symptoms and conditions presented, only the most dire consequences could be safely prognosticated, receive *mercurius corrosivus* without causing any appreciable increase of urine or decrease of albumen, and yet pregnancy and puerperality passed without an unpleasant feature of any kind, excepting the anæmia which, to a greater or less extent, must be a result of an albuminuria which has persisted for any protracted period.

"In the foregoing summary of clinical experience I do not claim that *mercurius corrosivus* is in any sense a specific, nor that its use is at all times the best practice.

"I believe that its use by me has been upon the homeopathic principle; yet were I asked to definitely state all the symptoms by which it might be called into use, I would have to refer the inquirer to the records of provings and poisonings.

"My deductions as to the value of *mercurius corrosivus* are that, in a fairly large obstetric practice, many cases of albuminuria have occurred, and that cases of convulsions in connection therewith have been extremely rare, and have usually occurred in those in whom albuminuria has not been detected or treated.

"Beneficial results from the use of any drug, in any disease, are to be expected only when a reasonable length of time has been allowed for its use; and so it is with *mercurius corrosivus* in this form of albuminuria. The opportunity to administer it for some length of time previous to parturition must be taken advantage of in order to secure the most satisfactory result.

"The form of the drug usually used by me has been the sixth centesimal dilution, and in the ordinary doses of such preparations.

Dr. H. M. Paine corroborated the statement regarding the value of *mercurius corrosivus*, in the treatment of albuminuria. He had found it useful in several cases, in all of which, except one, he thought it had been instrumental in preventing spasms, and in that case the spasms were probably less intense than they would have been had not the remedy been previously administered.

He first found the remedy recommended for albuminuria in Dr. Ludlam's work on "Diseases of Women." Afterward he noticed the following testimony to its efficacy in Naphey's work on "Medical Therapeutics."

"We have one agent which may be regarded as a specific against increase of connective tissue in the body, wherever the interstitial inflammation may occur, and that is *bichloride of mercury*. It should be given in small doses, one-twentieth of a grain is the usual amount, and should be combined with a diuretic to make it act upon the kidneys. For example, one-twentieth of a grain of the *bichloride*, one grain of *digitalis*, and one grain of *quinine* may be given three times a day, with the result of producing a specific action upon the kidneys, and will raise the specific gravity of the urine."*

It is probable that the presence of the *digitalis* is of doubtful utility. Less objection, however, will be made to the *quinine*, on account of the anæmic condition nearly always present in connection with the albuminuria.

Dr. H. M. Dayfoot, of Rochester, communicated the following interesting statement of practical importance, bearing on albuminuria during pregnancy:

"The presence of albumen in the urine of a pregnant woman is always a source of anxiety to the watchful physician. The risk is by no means slight, and the complication a grave one. It has been estimated that forty-nine per cent. of primipare who have albuminuria die from morbid conditions traceable to the albumen; while it is generally admitted that puerperal

ecclampsia is one of the most dangerous complications of pregnancy.

"Whether the condition be due to the presence of the gravid uterus, or a super-albuminous stasis of the blood, or both, the patient requires the closest supervision while a trace of albumen exists in the urine, or any unusual phenomena show themselves.

"The remedies we have come to depend on in this complication are: *Arsenicum, apocynum, benzoic acid, apis, MERCURIUS COR., and plumbum*. In addition, we use the sitz bath, sometimes dry cupping over the loins; also a light, easily assimilated diet, of which milk forms the basis.

"Perhaps I may be pardoned if I describe in detail a case in point. A lady from another State came to our city to be under the care of a prominent gynecologist. She was treated *secundum artem* with pessaries, etc., for six months, at the end of which time she was frankly informed that he did not know what was the matter with her. The patient naturally sought other medical advice, and I was consulted. After making a thorough examination, a positive diagnosis of pregnancy was given, and the patient returned home.

"She soon decided, however, to return to the city to remain until after her confinement. I was called soon after her arrival, and found a condition of general anasarca; her lower limbs edematous, her hands and arms somewhat swollen, and slight infiltration about the eyes. On examination, the urine was found to be loaded with albumen.

"As was to be expected, with this state of affairs, I was quite anxious about my patient; but under the influence of *arsenicum, apis* and *mercurius cor.*, the albumen slowly disappeared from the urine till there was not a trace of it left. The face and hands returned to their natural condition; but the limbs remained edematous till after the confinement.

"In due time she was delivered of two fine children, and made a good convalescence. I may remark, however, that the nurse intimated I was so anxious to make good my diagnosis I had rather overdone the matter."

POST-PARTUM TREATMENT.

The Utility of Arnica.—Dr. E. Hasbrouck, of Brooklyn, in the following communication, described the mode of treating cases after confinement, which he had adopted, as follows:

"The ills, such as metritis, metro-peritonitis, cellulitis, septicæmia, etc., which sometimes attack parturient women, have been so very infrequent in my practice, that I have inferred that, perhaps, these good results may safely be ascribed to the invariable use of *arnica*, in from the first to the sixth attenuation. Unless the indications for some other drug stand out very boldly, every parturient patient under my care, receives *arnica* immediately after and sometimes before the completion of the labor. This is usually continued during the first two or three days, and then *bryonia* is substituted, and continued until the lacteal secretion is well established. After which, if there has not been a movement of the bowels since the labor, *nux vomica* is given until that event occurs.

"I confess that the foregoing is routine practice, and not commendable because of any scientific quality; but the only justification I can offer is the satisfaction of having an eighteen years' obstetric record, which will probably compare very favorably with those conducted under other methods. I most distinctly emphasize the fact that, at all times, in these cases, I seek for and give such other remedies instead, as may appear to be indicated."

Dr. Mull agreed fully with the statements regarding the utility of *arnica* following labor; he invariably prescribed it, and believed it specially useful for the lameness and soreness locally, as well as of the whole body, which are nearly always present to a greater or less extent, after the fatigue of confinement.

* Edition of 1878, page 393.

Dr. Stratton fully corroborated the statements setting forth the advantages of *arnica* in cases of confinement. He had had an experience of fifteen years, and had never lost a parturient case.

Dr. H. M. Paine always gave *arnica*, usually in combination with *secale* or *ustilago*, for two or three days after labor. These were given for the relief of lameness or soreness of the parts, and also with a view of diminishing the force of after-pains.

Dr. Collins has for years given *aconite*, *belladonna*, and *arnica*, combined, in the after-treatment of every case of confinement. He believed many a patient had been saved thereby from attacks of puerperal fever, and inflammation of the uterus and its appendages, and also inflammation of the mammary glands.

Dr. Dowdell had formerly given *arnica* in cases of confinement, but, more recently, had discontinued the use of all medicine, and thought recovery progressed quite as favorably.

Dr. Farley uniformly gives *arnica* and *chanomilla*, in combination, for the condition named, and he believed such treatment had contributed to the comfort of the patient, and had hastened recovery.

PUERPERAL FEVER.—PYLEMIA.

Dr. C. J. Farley reported the following case from practice:

"Mrs. F., aged 18 years; primipara; eight days after confinement was seized with a hard chill, followed by distention of the abdomen, with extreme tenderness and severe pain, for which *hot poultices* were applied, *carbolic acid* was given internally, and a wash of the same remedy was used in the form of a vaginal injection. After a trial of these measures, the pulse still numbered 140, and the temperature 103° to 105°.

"This condition continued, with the usual alternations of temporary improvement and aggravation for three weeks, when the case came under my care.

"I found the patient suffering from chills, fever, profuse sweats, thirst, delirium, diarrhoea, nausea and vomiting, tongue coated brown, edges red, pulse 104, temperature 105°, distention and soreness of the abdomen, eruption over the surface of the whole body. There was also cough, attended with lancinating pain in the lower lobe of the right lung. The left breast had gathered, had been opened, and was discharging freely. The right breast was also the seat of an abscess, which, on being lanced, discharged a large quantity of pus.

"Treatment.—Gave *arsenicum*, 2d, and *veratrum viride*, 1st, in alternation, at intervals of thirty minutes; also a two-grain pill of *quinine* every three hours; also *milk punch* and *beef tea*, in as large quantities as the stomach would bear. A cloth saturated with *turpentine* was applied to the abdomen, and, over that, hot *flaxseed* poultices, to be changed hourly.

"This treatment was continued several days, with little, if any, improvement.

"Internal abscess was then suspected, which, indeed, proved correct, a copious discharge of pus per vaginum, showing extensive suppuration in that locality. This was followed, in a few days, by an increase of cough, and evidences of the formation of an abscess in the right lung.

"The supporting treatment was maintained, and *maltine* and *cod-liver oil* added. The progress of the disease was finally arrested; the convalescence was slow; the patient, however, ultimately recovered from a serious, and well-nigh fatal illness.

NURSING SORE MOUTH.

Case reported by Dr. C. J. Farley.—Mrs. M. desired medicine for nursing sore mouth. I prescribed *mercurius corrosivus*, the first decimal, fifteen drops in half a tumbler of water, in alternation with *eupatorium aromaticum*. I also frequently recommend a wash of *chlorate of potash* and *hydrastis canadensis*. These remedies seldom fail of promptly relieving the most

severe cases of this disease. In milder forms *baptisia* and *sulphur* have served me well.

PÆDOLOGY.

CRUSTA LACTEA.

Case reported by Dr. C. J. Farley.—Child fifteen months old. The eruption began behind the ears, extending to the face and over the scalp, forming crusts, matting the hair, and discharging sanguineous matter and pus; submaxillary glands enlarged and indurated.

Treatment.—Prescribed *hepar sulph.* 3d, and *graphites* 3d, two doses of each, daily, also the part to be cleansed with *castile soap* and *carbolic acid*; sweet oil was applied at night. The case proved obstinate; after a number of weeks, there being little or no improvement, I prescribed a small teaspoonful morning and evening of the following syrup: *syrup sarsaparilla comp.*, four ounces; *iodide of potassium* two drachms; *fluid ext. butternut*, half an ounce; *fluid extract of buckthorn*, half an ounce; *essence of wintergreen*, one drachm; *simple syrup* sufficient to make eight ounces. The wash of *castile soap* and *carbolic acid* to be continued during the day; at night, the following ointment to be substituted for the sweet oil: *vaseline*, one ounce; *tannin*, ten grains; *tincture of phytolacca*, ten drops; *tincture of rhus tox.*, ten drops; *carbolic acid*, fifteen drops.

Improvement began at once. I have treated several cases in a similar manner.

Dr. Mull had found *hydrastis* very useful in a similar case. The child, four months old, had large patches of the characteristic crusts on the scalp, for which *rhus tox.* and *hepar* were given. These were followed by *graphites*. The patches, even after several weeks of treatment, were still increasing in size. He then gave *hydrastis* 1st, and in less than one month the crusts were all gone; the disease was cured. No other remedies were given and no external application was used.

CLINICAL SURGERY.

TREATMENT OF INJURIES, SPRAINS, AND CHRONIC INFLAMMATION OF JOINTS BY HOT WATER AND THE RUBBER BANDAGE.*

Dr. M. O. Terry, of Utica, presented a paper with the above title in which the benefits derivable from applications of hot water and pliable rubber bandaging were forcibly set forth.

The subject was introduced by extended quotations from able writers in recent standard works and articles in medical journals, showing antagonistic plans of treatment; one advising cold, another hot applications; one depending on rest chiefly, another recommending early moderate motion; one expressing confidence in the use of bandages, and another discarding them altogether. The author then describes the plan which he has found useful. His recommendations are embraced in the following summary:

The first step in the treatment of sprain of recent origin is, the use of measures for the relief of pain. This can be always quickly accomplished by *hot fomentations* or by immersion. The application of heat in this manner must be continued, the temperature being gradually increased as the part becomes accustomed to it, until the pain has entirely ceased.

The second step involves the use of the *rubber bandage*, the application of which is to be resorted to for the prevention of swelling. It should be put on immediately after the use of the hot water, and worn constantly. In case extensive lacerations have occurred, or the parts have been bruised, the rubber bandage should be placed over lint compresses, and the lint should be allowed to remain twenty-four hours or even longer, until all danger of inflammation is passed, after which the use of the rubber bandage alone will answer.

* The paper will be published in full in the "Transactions of the State Hom. Med. Society," Vol. XIX., 1884.

In cases of injury of the knee joint the compresses are often required to be used several days. These, however, need not be continued both night and day. They should be removed daily for a few hours, in order to allow the skin to become dry.

Skin kept constantly wet thickens and rots, hence poultices should seldom be continuously applied for a longer period than forty-eight hours.

In cases of sprain of the ankle under this plan of treatment, patients, by the aid of a crutch, are usually able to go out of doors on the day following the injury. At first the weight only of the person can be borne; afterward, when motion ceases to cause pain, the foot can be used in walking.

The author concludes with the following summary:

"That there is entire absence of uniformity of method, there being no evidence, on the part of even the best authors, of systematic or reliable measures, each one evidently relying on means which he has found advantageous; the inference being that any form of treatment, or none at all except rest, will prove equally serviceable.

"That pain is always relieved by the applications of hot water, and that swelling and effusion, except to a limited extent, will not follow the use of the rubber bandage.

"That recovery will be more speedy than by any other method of treatment, and that no stiffness will remain.

HYPERICUM PERfoliatum IN THE TREATMENT OF SPINAL IRRITATION RESULTING FROM INJURY.*

Dr. Gorham read a paper with the above title, showing the utility of *hypericum* in the treatment of sensitive and irritable spine, resulting from injuries. Several well authenticated cases were reported which were taken from medical journals; these were supplemented by a detailed statement of four other cases treated by himself. These cases were chronic, some of them of several years' standing. All were permanently cured.

Each of these cases originated in an injury to the spine by a fall or bruise, resulting in a condition of chronic inflammation and sensitiveness at one or more points. These sensitive places soon became centres of irritation, neuralgia, cough and other reflex symptoms. In one case, severe neuralgia seemed to have its origin in the stump of an amputated limb.

All these reflex conditions, together with the soreness of the spine, disappeared under the influence of *hypericum* 2d.

GYNÆCOLOGY.

REMOVAL OF A UTERINE POLYPUS. — SUGGESTIONS REGARDING THE DANGER OF DELAY IN THE TREATMENT OF UTERINE DISEASES.

Dr. H. S. Paine described the special features of a case of uterine polypus, which he recently removed:

"The patient, a lady, fifty years of age, of slender form and of feeble health, related substantially the following history: Married at the age of twenty-five; had two children, one living, twenty-three years old; the other, born two years later, died in infancy. The patient, while seldom confined to bed by severe illness, was in advanced condition of anæmia, was pale and sallow, was scarcely able to walk, became quickly exhausted on taking even moderate exercise; had weak digestion, and frequent attacks of sick headache.

The feebleness was evidently caused by almost constant, although seldom excessive uterine hemorrhage. The patient experienced no acute pain; there was, however, when walking or standing, a disagreeable feeling of fullness and bearing down.

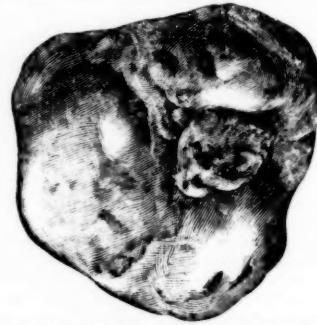
An examination showed the presence of a fibroid tumor, as large as a good-sized hen's egg, attached to the posterior lip of the uterus.

* This paper will be published in full in the "Transactions of the State Homœopathic Medical Society," Vol. XIX., 1884.

The patient obtained accommodations at the Homœopathic Hospital, where Dr. H. S. Paine, in the presence of and being assisted by Drs. Morrow, Peckham and H. M. Paine, successfully accomplished the removal of the tumor.

Two or three doses of the tincture of *secale* were given for the purpose of producing thorough uterine contractions. Anæsthetics were administered, the tumor drawn down by means of a strong cord, and its pedicle divided by a pair of scissors curved on the flat. A solution of the tincture of *iodine* was then applied to that portion of the internal surface of the neck of the uterus to which the pedicle had been attached.

The accompanying wood cut accurately represents the size and general appearance of the polypus. The patient is now gaining in health and strength, and has had no return of the old symptoms.



In reviewing the foregoing recital of symptoms, we do not find any special peculiarities that are not commonly met with in nearly all cases of uterine polypi. The profound anæmia, the excessive hemorrhage and leucorrhœa, the extreme prostration and exhaustion on putting forth the least effort, mental or physical, are always present to a greater or less extent.

In this instance the disease was allowed to go on undiscovered and unchecked, until the question for the patient to consider was one of physical endurance involving only a period of a few days or weeks. She bore the presence of this morbid condition as long as she possibly could. It finally became a matter of life or death. Something must be done, and that quickly, else she would die. The reasons which led to this unwise procrastination are worthy of special consideration. They may be classed under several distinct propositions.

I. Danger of Delaying Investigation and Treatment.

—This was emphatically an instance of *unwise and unnecessary neglect*. The patient, partly through ignorance of the importance of early treatment and partly through natural repugnance to submit to the requisite examination, delayed seeking medical advice from month to month, and from year to year, in the vain hope that the unaided efforts of nature would ultimately prove sufficient to enable the system to throw off the disease. In this case, however, as in numerous others, these hopes were illusive and harmful.

The lesson, therefore, to be learned from this recital of actual, and by no means infrequent, experience, shows the danger of postponing the investigation and treatment of uterine diseases.

It is important also, in connection with the history of such a case as this, to emphasize the fact that, in many instances, very serious diseases of the pelvic organs originate, and attain an advanced stage of development, before they are discovered, and before adequate means are used for their removal.

II. The Absence of Pain not a Sure Indication of the Absence of Disease.—This woman would have sought

assistance several years earlier had she experienced pain, she was, however, actually suffering from disease which would, before long, have destroyed her life. The absence of acute pain, therefore, is by no means a reliable indication that important and even serious disease is not present.

As a rule, if there is frequent and severe pain, there is, or soon will be, more or less organic lesion; there are cases, however, in which acute pain is a prominent symptom, yet only slight actual disease; and there are also cases in which serious and even fatal diseases proceed throughout almost their whole course with little or no pain. The presence or absence, therefore, of pain is not a sure indication of the presence or absence of disease.

III. The Necessity of Discriminating between Important and Unimportant Symptoms—This patient inferred, on account of the absence of pain, that the disease from which she was suffering was not a serious one; her second error, one far more disastrous in its results, was failure to attach significance to a really important symptom.

The actual suffering, aside from weakness and general debility, was described as simply an "uncomfortable feeling of bearing down while standing or walking." Now, there are thousands of patients suffering from a sensation of bearing-down which is occasioned by an irritable condition of the bladder; this, therefore, although important in connection with other symptoms, is not a sure indication of uterine disease.

The symptom which should have been more closely watched by the patient, the one which ought to have received earlier attention, was the *continued hemorrhage*. The haemorrhage was allowed at intervals to continue unchecked "six weeks at a time" probably several years, the patient never having put forth effort for its removal, or even sought proper counsel with a view of ascertaining its cause or the condition of the organs whence this continual drain proceeded.

IV. The Danger of Ascribing all Indications of Uterine Diseases to "Change of Life."—This patient was deceived by the assumption so frequently made regarding all the unusual aches, weaknesses or conditions which women often needlessly endure during the "change of life." Every annoying sensation, discharge or appearance, occurring in women between forty and fifty years of age, is often supposed to have its origin, in some way, direct or remote, with the cessation of the monthly period. At least this common belief, this assumed cause, perhaps harmless in some cases, is often, unwittingly, without doubt, the source of irreparable mischief and life-long misery, and in some instances leads to fatal results. Hence it is found, frequently too late, that diseases have been slowly developing until an exceedingly obstinate or even incurable condition has been reached.

Happily, in this instance, the tumor had not yet taken on malignant degeneration, and was so situated as to be removed without more than usual risk. The shock, however, which the system sustained from the long-neglected drain, occasioned by the haemorrhage and excessive leucorrhœal discharges, will never be overcome. The patient may enjoy a fair degree of health, and her life will be lengthened, no doubt, many years. Had the removal of the tumor been postponed, the patient could not have survived many months.

V. The Importance of Instituting Treatment Early.—Treatment instituted early in the development of all uterine and ovarian diseases is always more satisfactory, both to the patient and the physician, than that entered upon at later stages, because the percentage of cures is greater, a recent attack being almost always more easily controlled than one of long standing. Then, too, degeneration into malignant, cancerous, or other incurable conditions, to which there is always a possible liability, can be more easily prevented.

The fact that morbid growths and conditions, and even displacements, occur with greater frequency about the time of the change of life, will go far toward supporting the assumption that few women should allow themselves to pass the climacteric without having a careful examination made, in order that the degree of healthfulness or disease of the pelvic organs may be accurately determined.

VI. Appropriate Treatment During the "Change of Life" is often Required.—It is not only a common occurrence to ascribe all the anomalous sensations and conditions of women in middle life to the influence of the climacteric, but it is also erroneously assumed that, on that account, *no treatment is required*. This is a common mistake; one that is the occasion of a vast amount of needless suffering.

During the climacteric nature is endeavoring to bring about a certain normal condition. This process disturbs the harmonious action of the system, which, being weakened thereby, is unable longer to resist tendencies to disease which may have been dormant for years.

Shall these diseases which nature, in its changed condition, cannot now control, be neglected and allowed to go on unchecked, to the great discomfort and possibly lasting detriment of the patient?

Why diseases, incident to the change of life, are considered unimportant, when the same conditions occurring at any other period would be scrupulously guarded against and properly treated, is a matter for conjecture only.

The fact is, the patient really requires suitable treatment and the use of appropriate medicines as much and even more than at any other time in her life.

Let those, therefore, to whom these admonitions may apply, carefully avoid the risk of delay in the use of appropriate means, lest the period for the easy and effectual removal of symptoms from which they may be suffering shall pass away, and obstinate weakness or chronic conditions become permanently established.

VII. Advice of Physicians Which Ought not to be Followed.—I am not disposed to close this short chapter of suggestions, without stating that patients are not altogether at fault for the adoption of plans at variance with the promotion of their best interests. I am free to say that the neglect of proper means for their restoration to health is sometimes adopted by the advice of medical men. It is a sad fact that the plan of leaving the issue of these cases to the unaided efforts of nature, is fostered by many physicians. These members of the profession, on finding that unsatisfactory results occasionally follow the use of pessaries and local applications of medicines, and having no skill to discriminate between appropriate treatment and that which is harmful, and no natural tact for the proper construction and application of suitable mechanical appliances, raise their voice against instrumental aid, and against all local measures except such mild ones as can be easily applied without the use of a speculum.

It is indeed, difficult to account for such erroneous conclusions on the part of those who ought to know better. It is simply an error of judgment, of which no rational or satisfactory explanation can be given.

Let us hope that wiser counsels will prevail, and that greater knowledge of the practical application of scientific principles will prove increasingly useful in securing the improvement of measures for the relief of human suffering.

MISCELLANEOUS PAPERS.

LIBERTY OF OPINION AND ACTION.

Dr. C. J. Farley read a paper describing the illiberal features of the "old code," and advocating the largest liberty of opinion and action. The following selections cover the more important points. After giving briefly the history of the controversy now going on in the old school, he states:

"A code of ethics will not control those who are not, in some degree, at least, guided by a spirit of honor and manliness in their relations with their fellows. No prescribed rule can curb dishonest intentions. It matters not to what school of medicine the physician may belong, the true instincts of a gentleman will become an infallible guide in all his professional associations. Have we not often seen our profession dishonored by whimsical and partisan statements in the discussion of ethical questions?

"The community will not be slow to recognize and support conscientious and honest effort. Ability and honesty of purpose will be appreciated. No one doubts that many so-called old-school physicians believe in the law of similars. If they do not make 'open confession,' they practice, in part at least, in accordance with such a law."

The author describes two instances of old-school physicians, who frequently consulted with homeopaths, without effective opposition on the part of their old-school associates, or censure from the county society in which they each still retain full membership, and then continues :

"Surely these men must believe there is nothing in the code which should restrain them from yielding to the demands of humanity. They might state, as has a recent writer: 'The provisions of the code of ethics bearing upon the ultimatum of *contraria contrariis*, on one hand, and *similia similibus*, on the other, has become a dead letter. The only practical ethical code in medicine, as in other professions, lies in gentlemanly conduct.'

"Professor B. W. James says: 'When the other side have settled their code differences, we can shake hands with them on the ground of codeless manliness.'

"No law or rule can be considered operative, that does not contain, at least, a modicum of common sense. Practically, the pains and penalties of the old code are a dead letter. In the village of Fort Edward, where I reside, and the same relation exists in the adjacent villages of Sand Hill and Glens Falls, the members of the two schools consult together whenever their associated services are required. In fact, the homeopathic physicians seek old school counsel rather than homeopathic. And the same rule applies, to a certain extent, among old school physicians. They prefer homeopathic to old school consultants. * * *

"It is the duty of the physician to use any and all means at his command to relieve the sick, and this, too, in as safe and speedy a way as possible, whether his method of treatment bears a distinctive name or not.

"A writer has said: 'Our duty is to heal the sick, and we have a right to seek everywhere for healing agencies, and having found them to make use of them without the slightest regard for creeds or professional dogmatism.' * * *

"Let us be consistent, conscientious, truth-seeking, and honest men. Theory is but dross. Truth is an apple of gold. This we are seeking."

ELECTION OF OFFICERS AND MEMBERS.

The officers elected for the ensuing year are :

President.—Dr. C. M. Mosher, of Easton, Washington County.

Vice-President.—Dr. C. J. Farley, of Fort Edward, Washington County.

Secretary and Treasurer.—Dr. H. L. Waldo, of West Troy, Albany County.

Honorary Members.—Dr. A. P. Hollett, of Havana, Schuyler County; Dr. H. M. Dayfoot, of Rochester, Monroe County; Dr. E. Hasbrouck, of Brooklyn, Kings County, N. Y.

Active Members.—Dr. E. Millbank, of Albany; Dr. A. C. Hanor, of Chatham, Columbia County; Dr. A. D. Lillindall, of Fort Edward, and Dr. C. W. Stratton, of Lee, Berkshire County, Mass.

TIME OF HOLDING MEETINGS.

Several members having expressed a desire for the restoration of the summer meetings, the following resolution providing for spring, summer, and fall meetings was adopted :

Resolved, That three meetings of the society be held annually : one at Troy, on the first Wednesday in May; one at Saratoga, on the first Wednesday in August; and one at Albany, on the first Wednesday in October, the time and place, to be changed, if necessary, by the secretary, in accordance with the by-laws.

A resolution was adopted, tendering the thanks of the society of Dr. William Hailes, Jr., for his instructive lecture and microscopic illustrations; and to the authors of the several papers for articles which had largely contributed to the interest and success of the meeting.

Letters were read from Drs. W. W. French, of Ballston; E. Hasbrouck, of Brooklyn; and R. B. House, of Tecumseh, Mich., expressing regret on account of inability to attend the meeting.

There were present nineteen physicians, members of the society and others, residing in the counties of Albany, Dutchess, Columbia, Rensselaer, Washington, Fulton, and Greene.

The meeting was eminently a successful one. There was unusual interest exhibited in its proceedings. Several of the papers read were of great interest, and showed that their authors were thoroughly conversant with the subjects under consideration, and were evidently prepared with diligence, care, and a view of promoting improvement, both practically and theoretically, in the several departments treated of.

It is hoped that these union meetings will prove of still greater service to those who may give them their active support; and that all who are now members will personally and individually interest themselves in efforts for increasing the membership of the society.

On motion, the meeting adjourned.

H. M. Paine, *Secretary*.

TRANSLATIONS, GLEANINGS, ETC.

THE EVILS OF THE HIGH-HEEL BOOT.—The evils of the high-heeled boots or shoes are due to the fact that it is an essentially badly-fitting article. It is made in defiance of the relation which it ought to bear to the anatomy of the foot, and to the direction in which the pressure of the body weight falls upon the latter. Hence the peculiarly cramped walk of the ladies of the present day. Any one may observe the consequences of the "advanced position," nearly under the instep, and the increased height of heel, in the substitution of a forward inclination of the body, and a trip suggestive, in a measure, of the stumbling gait, for the upright carriage and the free and graceful swinging movement natural to the leg in walking. The boot, or shoe, in order that it may not shift on the foot, which has lost much of its usual purchase of direct downward pressure, must hold it firmly and even tightly, and in particular it is necessarily constructed so as to hold with undue firmness just above the back of the heel. With some persons, perhaps, no inconvenience results, with others who have fine skins, chafing is readily produced. This is, in itself, a trifle, but it may, nevertheless, be the slight beginning of graver troubles. Probably there is no practitioner fairly long acquainted with town practice who cannot recall a case or cases in which extensive inflammation of the leg with abscess formation has followed even such a slight abrasion, and the exciting cause, when looked for, was discovered in the patient's shoe. There have been even instances, fortunately rare, but still occasional, where abscesses arising round some neglected trifle of this kind have ended fatally. These are facts which cannot be denied, and should not be overlooked.—*London Lancet*.

THE recent discussion about the weight of Turgenoff's brain has led to the publication of an article on the subject of the weight of brains, by a Russian scientist, M. Nikiforoff, in the *Norosti*. According to him, the weight of the brain has no influence whatever on the mental faculties. The average weight of a man's brain is, according to Luschka, 1,424 grammes; of a woman's, 1,272 grammes; Krauso gives the averages as 1,570 and 1,350 respectively. The maximum weight is said to be 1,600 grammes, and the minimum 800 grammes. The brain of the celebrated mineralogist Haussmann weighed 1,206 grammes. It ought to be remembered that the significance of the weight of the brain should depend upon the proportion it bears to the dimensions of the whole body and to the age of the individual. Byron died at the age of thirty-six, the great geometer Gauss, at seventy-eight years of age; the brains of the two should, therefore, not be compared. It is equally important to know what was the cause of death, for long disease or old age exhausts the brain.

AN oleander tree, near Spanishtown, Fla., covers a space of ground thirty-six feet in diameter; from the ground to the tip of the topmost limb is twenty-five feet; at the surface of the ground the trunk is divided into twenty or twenty-five separate stems, the group being at least five feet through, and one single stem is, by actual measurement, fourteen inches thick.

PITYRIASIS OF THE SCALP.—M. Unna employs the following ointment against this obstinate affection:

B—Sulphur. Precip.	grs 1
Ung. Simplicis	3 j
Mix.	

The head should be carefully anointed with this ointment every evening, at first, and then at longer intervals, when the desquamation of the epidermis becomes less marked. Every fourth or fifth day the head should be completely cleansed.

The continued use of this ointment arrests, according to Unna, the fall of the hair brought on by pityriasis of the scalp.

A PEOPLE WITHOUT CONSUMPTION.—Such was the remarkable title of an essay written by Dr. Wright, on the Cumberland Plateau, in Tennessee, read before his county society. The doctor has practiced in the region throughout a generation, and in his assertion of fact touching the entire absence of consumption, he is supported by the testimony of about twenty other physicians of standing.

PRESERVATION OF URINE FOR MICROSCOPICAL EXAMINATION.—According to Dr. Curtis, the addition of about four grains of *chloral hydrate* to three ounces of urine will preserve it for a month, if kept at ordinary temperatures.—*L' Independente*.

RULES FOR REDUCING DISLOCATIONS OF THE HIP JOINT.—Having flexed the leg on the thigh, and the thigh on the pelvis, slowly rotate the limb as far as possible, inward or outward, according as the toes pointed in or out before beginning the manipulation; then rapidly and forcibly rotate the limb in the opposite direction, and the head of the femur will usually slip into the acetabulum.

For example, in the iliac and the sciatic dislocations the toes point inward; therefore, rotate inward as far as possible, and afterward rotate outward. In the pubic and thyroid dislocations the toes point outward; hence rotate the limb outward still more, and then inward.—*The Polyclinic*, December 15, 1883.

MISCELLANY.

—Two new cases of typhus fever have appeared in this city.

—*Salicylic acid* has produced *tinnitus aurium* very much like that produced by *quinine*.

—Our old friend, Dr. C. B. Currier, is Dean of the new Medical College in San Francisco, Cal.

—Comte's definition of a science: That knowledge which enables us to foresee and foretell results.

—A case of Daltonism in one eye only is reported by Dr. R. W. Shufeldt.—*Medical Record*, March 24, 1883.

—The *St. Louis Periscope* is the name of a new independent monthly journal, edited by Prof. E. C. Franklin, M.D.

—The students of McGill University have insulted a professor, because he dared to raise the standard of examination in botany.

—Professor John E. James has recently successfully extirpated a kidney, in a lad of thirteen years, at Hahnemann Hospital, Philadelphia.

—The practice of cremation in this country is making slow progress, but its advocates claim considerable gain in the number of its adherents.

—Professor Wolcott Gibbs, of Harvard University, is the first American who has ever been made a member of the German Chemical Society of Berlin.

—Artificial oysters are supplied to the Paris markets, according to a *feuilletoniste* of the *Union Médicale*. They are colored by means of copper, and cemented to the interior of old shells.

—The Ibex Company continues to supply a superior quality of bovine virus, which is rapidly growing in favor with the profession. The microscope readily reveals the degree of its efficiency.

—The adulteration of milk, which resulted in the closing of a large condensing establishment, has been traced to the admixture of water, borax and saltpeter. Such practice should be severely punished.

—There is considerable excitement over some changes in the working force of the Board of Health, which are claimed to be made with political considerations. We sincerely trust that the rumor may prove unfounded.

—Alcohol is one of the constant and necessary results of the process of yeast fermentation, and it is safe to say that at least 1,000 gallons are wasted daily by evaporation in the baking of the bread for New York alone.

—A man who abstains from alcohol, as shown by insurance tables, at 20 years of age has a chance of living 44.2 years; at 30, 36.5 years; at 40, 28.8 years. An intemperate man's chance at 20 is 15.6 years; at 30, 13.8; at 40, 11.6 years.

—The Board of Railroad Commissioners of this State has called the attention of railway companies to an improved plan of warming and ventilating cars. It is also recommended that a thermometer be placed in each passenger car. Most excellent suggestions.

—Music is now being employed in Paris as a therapeutic agent. At the request of the chief medical officer of the military hospitals of that city, a regimental band has been detailed to play at each of the three hospitals one day in the week for an hour.

—Dr. Strong, Chief of the Staff of the Ward's Island Hospital, reports 837 patients treated during the month of December, with a death rate of 4.42 per cent. During the year ending December 31, there were treated 6,453 patients with a death rate of 5.19 per cent.

—At a recent meeting of the Election Committee of the Birmingham (England) Children's Hospital, Dr. Annie Clark was elected by a large majority to fill one of the vacancies on the staff of acting physicians, in opposition to eight of the most eminent physicians of the town.

—In the *Lancet*, December 1, 1883, Dr. H. A. Lawton says the easiest way to decolorize iodine is to add forty minims of a saturated solution of *hypophosphite of soda* to each fluid ounce of tincture of iodine. Forty minims of the saturated solution contain about thirty-two grains of *sodic hyposulphite*.

—Dr. M. D. Youngman, of Atlantic City, N. J., desires us to contradict the report that scarlet fever is epidemic in that city, as there have been but few cases. The health of the city is said to be good, its sanitary conditions in admirable order, and there is an efficient Board of Health, with an advisory council of medical men, of which Dr. Youngman is one.

—Mr. Joseph Lister, recently made a baronet by Queen Victoria, in 1880 received the medal of the Royal Society, and in the following year the prize of the Academy of Paris for his observations and discoveries in the application of the antiseptic treatment in surgery, which has often been referred to as "Listerism." He received the degree of LL.D. at Glasgow University in 1879, D.C.L. at Oxford in 1880, and LL.D. at Cambridge in 1880.

—The Zulu treatment of fracture is commended both by its simplicity and for sanitary reasons. When one of the natives breaks a limb, a hole is dug in the ground, and the injured member buried therein. As the injured party is thus anchored to the spot, his friends erect a hut of rushes over him, and there he remains till the cure is complete. The antiseptic treatment by dry earth, as well as equable support, is thus secured, and the results of this method are said to be excellent.

—Sir Astley Cooper is said to have been in such haste to reach his out of town appointments that he urged the drivers of the post-chaise thus: 'I give three pence a mile to a boy who drives slow, four pence to one drives fast, and six pence to one who drives like the d—.' He lived in grand style and was very fond of money. It is stated that in his last years, while at a country-seat, he turned an honest penny by buying up disabled horses, and by his surgical knowledge restoring them to health and usefulness, and disposing of them at a large profit."

—Dr. David Webster, as President of the County Medical Society, brought suit against one Dr. Hayes, for not registering his diploma in the county clerk's office. The defence was that the registration in Queens County was good in any county in the State, but the justice before whom the matter came thought otherwise, and so ordered. In the course of time, Dr. Hayes brings suit against Dr. Webster for \$50,000 damages for malicious prosecution, and Judge Freedman, in directing the jury to find for the defendant, said:

"The action cannot be maintained for false imprisonment, because the warrant was regularly issued by a magistrate who had power; there was no imprisonment; and Dr. Hayes acquiesced in the matter by complying with the law and registering his name with the county clerk. The action cannot be maintained for malicious prosecution, as Dr. Webster, whose duty it was, as President of the Medical Society, to see that the law of 1880 was enforced, had reasonable grounds for making his complaint. He took proceedings only to make Dr. Hayes comply with the law, and Dr. Hayes, instead of contesting the case, complied with the law. Hence, it cannot be said that Dr. Webster had no reasonable grounds for his action, or that he proceeded from motives of malice."

—Dr. Granville writes to the *London Times*: "Many persons who are not by habit 'dreamers' are dreaming a great deal now and wondering why they do so. The answer is very simple. When cold weather sets in suddenly and is much felt at night, the head, which is uncovered, has the blood supplied to it driven from the surface to the deep parts, notably, the brain, the organ of the mind. The results are light sleep and dreams. The obvious remedy is to wear a nightcap or wrap the head warmly, at least, while the cold weather lasts. I believe that we of this generation suffer more from brain troubles than our predecessors because we leave the head exposed at night, and the blood vessels of our cerebral organs are seldom unloaded."

—The *Philadelphia Medical Times* contains the report by Dr. J. T. Eckridge, of an interesting case of the poisoning of a strong, healthy man, who went into a privy well, about fifteen feet deep, for the purpose of cleaning it. Before going in, a light had been lowered, but it was not extinguished, and it is important that the fact should be known that this is no sufficient test of the presence of deadly gases in such places. The poisonous gas in this case was probably either *sulphureted hydrogen* or *sulphide of ammonia*, or a mixture of the two. Insensibility was rapidly produced, and his condition, for several hours, was such that death seemed inevitable. He was saved by twelve successive injections of *aqua ammonia* into the superficial veins of the forearm, a heroic method of treatment, used only as a last resort after all the usual methods had failed.—*Proceedings Kings Co. Med. Soc.*

—In their annual report, the Trustees of the Massachusetts Homœopathic Hospital, express the hope that within a few months there may be ready for use a much needed addition to the surgical wing of the hospital. The original \$5,000 appropriated for a building fund has been increased to \$61,153.56, of which sum \$50,000 is the gift of a donor who declines to make his name public. To fully carry out the contemplated improvements the building fund should be raised to \$76,000. Ground was broken for the addition in July last, and the work is proceeding rapidly. The remaining \$15,000 necessary to complete the work will undoubtedly be soon subscribed. The current expenses of the hospital for the past year were \$11,718.42—\$400 less than the previous year. The income of the hospital has been \$9,629.29, leaving a deficiency of \$2,089.13. The number of patients treated during the year was 277, of whom 10 died. During the seven years the hospital has been established 1,399 cases have been treated, with a death rate of only five per cent.

—The daily papers tell us that at three o'clock one morning, Dr. Mackey, a prominent physician of Washington, rose suddenly from his bed and began pacing the floor, which, disturbing his wife, she asked what ailed him. He answered that he had had such a horrible and vivid dream that he could not rest after it. He dreamed that his friend, Dr. J. Marion Sims, of New York, appeared to him, with a face like that of a corpse, and said to him: "James the Fourth is dead." Dr. Mackey said to his wife that the dream so depressed him that he would not go back to bed again, so he went down to his office and sat there at work until after daylight.

Before breakfast a telegram was brought him announcing Dr. Sims' death at 3 A. M., exactly the hour when Dr. Mackey, rousing from his dream, had looked at his clock. Looking at it again, he found that it had stopped at three o'clock.

Dr. Sims was in the habit of calling himself "James the Fourth," as he was the fourth of the same name in the family.